



In Community – Referral & Client Interest form

In Community phone number: 585-481-8981

In Community email address: incommunity@delphirise.org

The In-Community Clinic at Delphi Rise supports people who are struggling with substance use or who are affected by a loved one’s substance use **AND** have trouble connecting with a traditional clinic setting.

- To get started, fill out the referral form and included consent form and provide it to our In Community team (either via mailbox at our co-located site OR email).
- If you cannot complete a referral form, call the In-Community phone line and leave a message. We will return your call as soon as possible.
- **For immediate support**, Delphi’s Open Access Clinic is 24/7 and can be reached at 585-627-1777, located at 72 Hinchey Road. A Delphi staff member can help assess your immediate substance use support needs.

Date of Referral: _____

Referring Agency: _____ Staff Name: _____

Staff Phone: _____ Staff Email: _____

Client Information:

Name: _____
Last First M initial

DOB: _____ SS #: _____

Sex at birth: Female Male X

Gender Identity: Woman Man Non-Binary
 Two Spirit Intersex Questioning/Unsure
 Uses different term Prefers Not to Answer

Race: Alaska Native Native American/Indigenous or American Indian Asian Black or African American
 White Some other Race, Ethnicity, Origin
 Middle Eastern or North African Hawaiian or other Pacific Islander Prefers Not to Answer

Hispanic Origin: Cuban Mexican Puerto Rican
 Not of Hispanic Origin Prefers Not to Answer
 Hispanic, Latino/a/x, Not Specified

Address: _____

City: _____ Zip Code: _____

Phone No: _____ Email: _____

Does the client have insurance Yes No

If yes, what is the Policy _____

Include CIN# if Medicaid _____



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Client Provider History:

Is the client engaged with a current SUD Outpatient Provider: Yes No

If Yes - Are they satisfied with their current SUD Outpatient Provider: Yes No

SUD Program (current): _____

List Any SUD Programs attended (last 6 months): _____

Client is interested in the following	
Linkage to Detox	<input type="checkbox"/>
Linkage to Inpatient	<input type="checkbox"/>
Substance Use Counseling	<input type="checkbox"/>
Medication for Substance Use (MAT)	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>
Loved one support	<input type="checkbox"/>
Learning More	<input type="checkbox"/>
Other:	

Anything else you'd like to share with us:

How would client like us to initiate contact (please identify preferred method)

- Phone
- Email
- In person at House of Mercy
- In person at Trillium
- In person at ROcovery

*If they prefer we reach out in person, we will ask staff to help connect us. Please note that we will never share client personal information without their permission. We will only ask staff to help us get connected.