

# SAFE Project

## Who should be referred to the SAFE Project?

Youth and young adults aged 13–24 and families who, as a result of alcohol or other drug use, are experiencing legal, medical, educational or personal problems; or problems with family or friends.

## What does the SAFE Project offer?

Our Family intervention specialists provide community and home-based individual and family treatment, linkages to other services, assertive case management, as well as:

- Help to reach your or your child's personal goals
- Skills for a healthy lifestyle
- Tips to identify substance use triggers
- Help to increase pro-social activities
- Communication skills to build positive family relationships

Treatment is provided where youth and families are most comfortable: at home, school, or in the community.

## SAFE Project Communities served:

We serve greater Boston, including Cambridge and Somerville; and Northeastern Mass., including the North Shore. Please call about other service areas.

Substance use issues can be resolved with proper treatment. Getting help early is the key to protecting health and safety!

## Referrals

Call 617-661-3991 to make a referral and ask to speak to an intake coordinator.



OCTOBER 2016

# SAFE Project Referral Form

FAX completed form to **617-661-7277**

## Referral source

Today's date \_\_\_\_\_ Telephone \_\_\_\_\_  
Your name \_\_\_\_\_ Agency \_\_\_\_\_

## Person being referred

Name of person referred \_\_\_\_\_  
Social Security number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
Race \_\_\_\_\_ Age \_\_\_\_  
Insurance provider \_\_\_\_\_  
Policy number \_\_\_\_\_  
Street address \_\_\_\_\_ Unit/Apt. \_\_\_\_\_  
Town \_\_\_\_\_ Client telephone \_\_\_\_\_

## Legal guardian

Guardian name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street address (if different) \_\_\_\_\_ Unit/Apt. \_\_\_\_\_  
Town \_\_\_\_\_ Guardian telephone \_\_\_\_\_

*Clients should have some acknowledged history of substance use or be open to evaluation/consultation regarding their use.*

Reason for referral \_\_\_\_\_

Is youth currently in a dangerous situation?  No  
 Yes → Describe: \_\_\_\_\_  
\_\_\_\_\_

Peer Recovery Specialist services (if available in your community)?  No  
 Yes \_\_\_\_\_

How did you hear about us? \_\_\_\_\_