

Instructions:

1. **Date:** The date on which the client was referred to or received from
2. **Name:** Name of Agency
3. **Location:** Address of the Referring Agency
4. **Certified/Non-Certified Recovery Residence:** Indicate whether or not the referring agency is a FARR-certified or a non-FARR certified recovery residence
5. **Attestation:**
 - a. The provider must attest that the information provided is true and correct, then sign and date.
 - b. If the provider does not plan to refer clients to or receive clients from recovery residences, the provider must select this attestation, then sign and date.
6. Once the form has been completed, the provider will upload this document to their Site Profile in the Provider Licensing and Designations System (PLADS).

NOTE: If there are any changes to this document, the provider must upload a revised document within 30 days of any changes.