



### Recovery Resident Referral Digital Record

Date	Name	Location	Certified/Non-Certified
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.
			Choose an item.

**Please check one of the following:**

I attest that the information above is accurate and complete.

I attest that \_\_ (agency name) \_\_\_\_\_ has no Recovery Residences that patients are received from or referred to.

**Please Note: If it is determined that the provider has received patients from or referred patients to any recovery residence or if the provider has not updated this form to reflect any changes within 30 days of such change, they will be subject to the fine as outlined in s.397.4104, F.S.**

Program Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Instructions:**

1. **Date:** The date in 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, they 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.