

**Commission for Women's Re-Entry Program Support Group**

**Referral Form**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

**Contact information:**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

DOB: \_\_\_\_\_ County of Residence (anticipated): \_\_\_\_\_

Level of Education (if known): \_\_\_\_\_

Minor Children:      Yes      No      If yes, Custody Arrangement: \_\_\_\_\_

\_\_\_\_\_

Approximate Length of Incarceration: \_\_\_\_\_ Date of Release (anticipated): \_\_\_\_\_

Charge(s): \_\_\_\_\_

Brief Summary of Client's Possible Needs to Be Addressed in Group: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referred by:**

Name: \_\_\_\_\_ Relationship with client: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you need to receive updates regarding client's participation in our group? Yes

No

If Yes, Please Explain Type of Updates Needed: \_\_\_\_\_

\_\_\_\_\_

Release form Included:      Yes      No

**Please submit this form to:**

Attn: **Amy Meldau, LCSW-C**      **Re-Entry Program Director, Commission for Women**  
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For any questions, I can be reached at the above email or by phone at (240) 777-8302