



**STRENGTHENING FAMILIES IN RECOVERY REFERRAL**

711 BESTGATE RD., ANNAPOLIS, MARYLAND 21401

EMAIL: [SFIR@AACOUNTY.ORG](mailto:SFIR@AACOUNTY.ORG)

PHONE: 410.222.7076

Date of Referral: \_\_\_\_\_

**Eligibility Requirements (Check all that Apply):**

Women who are: Pregnant Postpartum and/or Have Children

**AND are Enrolled in Either:**

Recovery Housing Program: \_\_\_\_\_  
(Provider )

**AND/OR**

Outpatient Program: \_\_\_\_\_  
(Provider )

Name of Person Referred: \_\_\_\_\_  
(First) (Middle Initial) (Last)

Contact Number: \_\_\_\_\_ (Mobile | Home | Work)

D.O.B.: \_\_\_\_\_

Gender: Male Female Trans Non-binary Prefer not to disclose

Race: African American White Asian Hawaiian/Pacific Islander Amer. Indian/Alaska Native Multiple Prefer not to disclose

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City/Town) (State) (Zip Code)

Person Making Referral: Peer Support Participant Counselor/Clinician Hospital Staff Other: \_\_\_\_\_

Person/Agency Submitting Referral: \_\_\_\_\_  
(Name/Agency)

Contact Number: \_\_\_\_\_

**SERVICES REQUESTED (CHECK ALL THAT APPLY):**

- Public benefits and other supportive services
- Expungement of criminal records
- Vital records (i.e. birth certificates)
- Transportation for job, school, medical, mental health and/or other appointments
- Recovery Related Services

**Comments:**

Please Email or Fax Referral Form To - Email: [SFIR@aacounty.org](mailto:SFIR@aacounty.org) Fax: 410.222.4035