## **Tallaght Rehabilitation Project CLG**

Kiltalown House Jobstown Dublin 24 Phone 01 – 4597705

## Email referral to the Aftercare Staff

E-mail: aftercareteam@tallaghtrehabproject.ie Website: www.tallaghtrehabproject.ie



"Providing drug and alcohol rehabilitation services within the local community"

## **Referral Form for TRP – Aftercare Program**

Date of Referral		Client Name		
Date of Birth		Client Contact Number	r	
Client Address			I	
Referring Agency Name &	Address			
Contact Details		Referring Worker		
Var. Markov/Carraellar		Is Client Aware of Refi	iouro /2	
Key Worker/Counsellor		IS Client Aware of Rei	errai?	
Other Agencies Involved				
	Please indi	cate duration of drug/alcoh	ol free status	
1 Month	2 mounths	C Months	12 Mantha	Langer
1 Month	3 months	6 Months	12 Months	Longer
N.R If a person t	<u>Sect</u> you are referring is on an	ion B - Medical Inform		plete the following:
inz zi a percen j		se indicate current status o		
n Methadone Maintenance Prescribed Benzodiazepines		Alcohol	Other	Drug free
	Please	indicate duration of present	t stability	
3 Months	6 Ma	onths	12 Months	Longer
	I	I	I	
	Section C	- Community Employ	ment Time	
Has the Client had any previous Community Employment time, if so how long?				
				<del></del>
Other relevant information;				
Signed:		Date:		
Company Registration No	o. 292608			

Established since 1997

Registered Charity No. 13829

Tallaght Rehabilitation Project CLG is kindly assisted and supported by the following Irish Government Agencies







