



DSP CE Drugs Rehabilitation Place
Referral Form.
(Substance Misuse)

This form is to be completed by the appropriate referral practitioner and forwarded as part of the DSP referral procedures to support an application for a CE Drug Rehabilitation Place.

CE Drugs rehabilitation places are available only to service users who are in drugs rehabilitation and referred to a place; this is defined as individuals attending either a HSE relevant addiction service or other relevant statutory, community-based or voluntary drugs support service within the last year. (Ref: DSP CE 9 Point Agreement for Community Employment Drugs Rehabilitation Places).

The local referral practitioner (Key Worker, Case Manager, Counsellor, GP, Treatment Centre practitioner; Health Service practitioner etc.) identifies through the course of assessment and care planning with the Service User that a CE scheme is an appropriate intervention to support rehabilitation and progression. (Ref: National Rehabilitation Implementation Committee Framework of Care and Case Management)

Please refer to the “DSP Guidelines on Referral for a CE Drugs Rehabilitation Place”.

Referral Details

Name of Service User: _____
Address: _____
DOB: _____
PPS Number: _____
Contact Number: Home: _____ Mobile: _____

Referral Agency Details

Name of Referral Practitioner: _____
Contact Address _____
Phone Number _____

Position: Key/Case Worker Case Manager GP Counsellor Treatment Centre worker
Health Service worker Other

If other, please specify _____



Please provide details of any other Agency involved in supporting the Service User's Care Plan (use an additional sheet if necessary)

Contact details: _____

List any additional supports provided: _____

Assessment of Readiness for Participation on CE:

Participants in drug rehabilitation and referred to CE need to be able to show evidence of the commitment and ability to cope with the routine of daily programme participation.

Does the Service User understand the objectives of the CE programme? Yes No

Does the Service User display the necessary personal awareness to benefit from participation?
Yes No

Is the Service User committed to the participation and engagement levels required for CE?
Yes No

Please indicate current drugs/alcohol status –please tick all or any as needed

Drug free: Yes No

Stabilised: Yes No

In treatment: Yes No

Does the Service User have any special needs? Yes No

If yes, please specify:

Please list any additional information that might be relevant for this application for a CE drugs rehabilitation place?



CE Scheme Details

Please list details of the CE Scheme that the applicant is being referred to:

CE Scheme Name: _____

Address: _____

CE Supervisor's Name: _____

CE Rehabilitation CE Scheme Standard CE Scheme

Signed _____

Date _____

Please ensure the Service User completes the attached Information Release Consent Form.

Please forward this CE Referral Form and copy of the Information Release Consent Form to the CE Scheme.

Please provide a copy of the completed CE Referral Form plus Information Release Consent Form to the Service User following the decision to proceed with the CE application.

Please ensure that a completed copy of the DSP CE referral documentation (CE Referral Form plus Information Release Consent Form) is kept on file as part of the Service User's care and case management plan.