

Piedmont House, Inc.
Referral Form

TO: Director, Piedmont House
1800 Monticello Avenue
Charlottesville, Virginia 22902
Phone: 434-971-3835
Fax: 434-971-5951

DATE:

FROM:

Prison Counselor: _____, phone: _____, Email: _____

Probation & Parole Officer:

Sentencing/referring District:

Phone Number:

Fax Number:

Assigned Officer Email Address:

PROBATIONER OR PAROLEE ,

Offender Full Name:

Offender # :

Release Date:

Physical examination results enclosed (performed within last six months)

The offender has been notified that he will be responsible for bills associated with medical care while at Piedmont House, Inc.

Offender Special Needs:

Substance abuse treatment , Adult Education , Employment ,

Home plan development , other:

List name(s) of individual(s) with whom the offender should not have any contact:

List names of programs to be completed prior to entering Piedmont House:

Additional comments:

File material required & enclosed: Pre/Post Sentence Report, Probation Violation Report, Classification Report, Probation/Parole Conditions, Medical & Mental Health report