

Piedmont House, Inc.

Referral Form

Please fill out completely and return to:

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

PLEASE TYPE OR PRINT:

Referring Agent: _____, phone: _____, Email: _____

Please make this referral in conjunction with the Supervising Probation District

Offender MUST be on probation upon release

Probation & Parole Officer:

Sentencing/referring District:

Phone Number:

Fax Number:

Check one: PROBATIONER ___ OR PAROLEE ___

Offender Full Name: _____ Offender # _____ Release Date: _____

Date of Birth: _____, Height: _____, Weight: _____, Meds: _____

Has the offender been a resident at Piedmont House before? Yes or No, when _____

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

Offender Special Needs Check all that apply: ,

Substance abuse treatment , Adult Education , Employment, 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:

Return referral form and the following reports: PSI or criminal history, Probation Violation Report, Probation/Parole Conditions, Medical & Mental Health summary including medications, physical exam last 6 months, institutional charges, work summary if available

Piedmont House is a work-oriented transition house for male offenders interested in making a change in their lives. They must be motivated to work, save money and become independent citizens. They will be required to participate in AA/NA, Re-Entry Life skills and other educational opportunities as needed.