

BHRN Client Self-Referral Intake Form

Instructions: Please fill out the following intake form to request services from BHRN. Provide as much information as possible to help us understand your needs. Note that providing contact information is optional, but it will help us reach you to discuss your referral further.

PERSONAL INFORMATION:

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Age: _____

DEMOGRAPHICS:

Race: (please check one)

- American Indian or Alaska Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White Other: _____

GENDER IDENTITY: (Please Check One)

- Male Female Transgender Male Transgender Female Non-Binary
 Other Prefer not to say

COUNTY OF RESIDENCE: (Please Select One)

- Grant Morrow Wheeler Gilliam Umatilla

CONTACT INFORMATION (Optional):

Phone Number: _____ Email Address: _____

PREFERRED METHOD OF COMMUNICATION: (Please Check All That Apply)

- Phone Call Text Message Email No Preference

Please note that while we will do our best to accommodate your preferred method of communication, we cannot guarantee that we will be able to reach you through the selected method(s) in all situations.

Types of Services Requested: (please check all that apply)

- Harm Reduction Services Peer Support Services Substance Use Disorder (SUD) Treatment
 Medication-Assisted Treatment (MAT) for Opioid Use Disorder Supported Employment
 Housing Assistance Program

Additional Information (Optional):

Please provide any additional information that may help us better understand your needs or preferences for services:

Please submit this completed form through the BHRN website or email it to [BHRN email address]. A staff member will review your self-referral request and contact you to discuss next steps. Thank you for reaching out to the BHRN for support.