



“For I know the plans I have for you, declares the LORD, plans to prosper you and not to harm you, plans to give you hope and a future.”

(Jeremiah 29:11)

Serving MOTHERS in addiction/recovery. Women can be pregnant or may have delivered a baby born dependent on substances. There is currently no charge for our program and we do not bill insurance. We believe that to truly overcome addiction one must experience growth and change spiritually, mentally, emotionally, physically, financially and socially.



Susannah's House: Referral Form

Date Referred: _____

Client Name: _____ DOB: _____

Address: _____

SSN: _____

Phone Number: _____ Can we leave a message? _____

Can we send a text message? If so what # can we text: _____

Does client have transportation? _____

| Child's Name | Child's Age |
|--------------|-------------|
| | |
| | |
| | |
| | |

Is client pregnant? _____ If so, what is her due date? _____

| Referring Agency Information | |
|-------------------------------------|-------------|
| Name of referral agency: | |
| Name of referral person: | |
| Phone number: | Fax Number: |
| Email address: | |

Reason for referral:

Please **fax or email** referral form to Susannah's House: email: info@susannahshouse.org FAX: 865-315-7044

You can call Susannah's House directly for more information (865-200-4759)

Susannah's House 923 Dameron Ave. NW, Knoxville, TN 37921 www.susannahshouse.org 865.200.4759 fax 865.315.7044

Referral Form updated 01/02/2017

ALL INFORMATION ON THIS FORM IS CONFIDENTIAL and FOR THE USE OF SUSANNAH'S HOUSE ONLY

Office Use Only: Intake Scheduled _____