RASS
Richmond
Addiction
Services
Society

105 – 8080 Anderson Road
Richmond, BC V6Y 0J5
Telephone: 604.270.9220
Fax: 604.270.9245

Service Request/Referral Form

Name of Referring Source: LAST NAME, FIRST NAME	**Date:**
Agency/School/Title:	
Please check preferred method of contact:	
☐ Phone number	☐ Email
Reason for Request or Referral:	
Referral for: ☐ **Recovery Day Program** ☐ **Supporting Families Program**	
Name of Client: LAST NAME, FIRST NAME	**DOB:** (MM/DD/YY)
Name of Parent/Caregiver (if applicable): LAST NAME, FIRST NAME	
Please check preferred method of contact:	
☐ Phone number	☐ Email
Has the client been made aware of the referral? ☐ Yes ☐ No	

Thank you! These requests are processed Monday to Friday and you will receive a follow-up call or email within two business days.

"Excellence in Addiction Prevention - Education, Engagement, Treatment"

Rev: May 2021

To be filled out by RASS Staff:
Follow-Up:
Results:

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