

Lawrence STAR  
 360 Merrimack St  
 Entrance G, Fourth Floor  
 Lawrence, MA 01843  
 978-681-4747 / Option 1



Lynn STAR  
 20 Central Ave  
 6th Floor  
 Lynn, MA 01901  
 978-681-4747 / Option 2

Please email all referrals to:  
[STARprogram@essexsheriffma.org](mailto:STARprogram@essexsheriffma.org)

**PARTICIPANT INFORMATION:**

LEGAL NAME:	PREFERRED NAME:	DOB:
ADDRESS: Number      Street/Apt #      City/Town      Zip Code      Type (ie:own home, apt, sober home)		
Phone: Email:	Alt. Phone/Email (family/friend):	
<input type="checkbox"/> Can leave message	<input type="checkbox"/> Prefer phone	<input type="checkbox"/> Prefer text <input type="checkbox"/> Prefer email
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Dependents: <input type="checkbox"/> Yes <input type="checkbox"/> No    Ages of dependents: _____	
Gender ID: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Bigender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Cisgender	<input type="checkbox"/> Intersex <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Fluid/Variant/Expansive <input type="checkbox"/> Other _____	
Primary Language: _____      Secondary Language: _____		

**REFERRAL SOURCE:**

Name		<b>Check one:</b> <input type="checkbox"/> Trial Court Judge/Clerk <input type="checkbox"/> Probation PCF# <input type="checkbox"/> Specialty Court <input type="checkbox"/> Department of Corrections <input type="checkbox"/> Sheriff's Department <input type="checkbox"/> Parole <input type="checkbox"/> Police/law enforcement <input type="checkbox"/> Self <input type="checkbox"/> Other/partner:
Agency Name		
Phone/Ext	(    )      -      ext.	
Cell (optional)	(    )      -	
email		
Special Instructions for probation/parole referrals: Please attach if applicable		
Urine Drug Screening Required: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Length of anticipated supervision:		
Please include the following documentation:		
<ul style="list-style-type: none"> <li>• Probation/parole stipulations and conditions</li> <li>• Risk/need assessments less than a year old</li> <li>• CARI and police reports for current offense(s) that initiated supervision</li> </ul>		

**PARTICIPANT PROFILE:**

Medical concerns/required medications <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please identify recommended referrals/placements
Currently receiving medical care <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Name of provider(s)

Mental health concerns/suicide history <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please identify recommended referrals/placements
Currently receiving MH treatment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Name of provider(s)
Substance use issues/history <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please identify recommended referrals/placements
Enrolled in addiction services to include Medication Assisted Treatment <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Name of provider(s)
Disabilities or required accommodations <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please describe
Community safety needs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	(Examples: gang involvement, domestic violence)
History of violent/aggressive behavior <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please describe
Involvement with other state agencies <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	(Example: Veteran's Administration, DMH, DCF, Mass Rehab, DTA, DDS)
Possesses active medical insurance <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide available details (Private insurance, Mass Health)
Actively employed <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide as much employer information as possible and days hours worked
Known licenses, certifications, trades, or skills <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide available details
Participating in Educational/Vocational programs <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide as much program contact information as possible
Other supportive personal networks, groups or activities <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	(Example: Family, religious affiliations, self-help groups AA, NA, GA, Alanon)
Known open cases, detainers, warrants <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide available details
A veteran of any branch of the armed services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	Please provide available details
Description of Participant goals, interests, and strengths	

**To be completed for Sheriff' Department and Department of Corrections referrals only**

Please attach any participant reports describing:

- CARI and police report of current offense.
- Institutional reports describing programming, education, vocational, mental health, and medical services to include time frames.
- Case notes relative to participant institutional treatment and programming.
- Reentry plans to include discharge and treatment plans.
- Disciplinary and or informational reports.

\_\_\_\_\_  
Staff Referring Signature/Title

\_\_\_\_\_  
Date MM/DD/YYYY