



Warren County STAR Referral Form

Support Team for Addiction Recovery provides 12-months of case management and peer recovery support at no cost for individuals 18 years and older with a history of opiate use

Please email this referral form to:

Jenna Paparozzi, LCSW/Director at JennaPa@careplusnj.org Date:

Name:

Address:

Contact #:

D.O.B.:

Does the individual give STAR permission to contact them directly: Yes No

Referral Entity:

Referral Contact Name/Title:

Referral Contact #:

Services needed/additional helpful information:

This section is to be completed by STAR staff only:

Date Assigned:

Assigned to: CM

PRS:

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