



## Professional Referrals to Prairie Center Health Systems

Outpatient and Administration  
718 Killarney St., Urbana, IL 61801  
(217) 328-4500  
Fax: (217) 328-4535

Residential and Detox Unit  
122 W. Hill St., Champaign, IL 61820  
(217) 356-7576  
Fax: (217) 356-6571

Outpatient Facility  
128 N. Vermilion, Danville, IL 61832  
(217) 477-4500  
Fax: (217) 443-6613

**\*\*PLEASE FOLLOW-UP ON EACH FAX WITH A PHONE CALL TO THE APPROPRIATE FACILITY TO ENSURE THE FAX WAS RECEIVED.\*\***

**If you are:**

### **From a Physician's Office or Hospital:**

The Prairie Center accepts appropriate referrals from other providers in the healthcare field. If you are a staff member in a physician's office or hospital, please fax the following information to the secure fax line of the facility to which you are referring:

- Proper authorization to release information
- Current client demographic information
- Reason for referral: Screening or Brief Intervention information

### **Another Treatment Provider or EAP:**

The Prairie Center accepts appropriate referrals from other treatment programs. If you are a treatment provider wishing to refer a person to our services, please fax the following information to the secure fax line of the facility to which you are referring:

- Proper authorization to release information
- Current client demographic information
- Most recent bio-psychosocial assessment
- Most recent information on how client meets ASAM dimension criteria
- Most recent DSM-IV diagnosis(es)

### **From Department of Children & Family Services:**

The Prairie Center accepts appropriate referrals from the Department of Children & Family Services (including Catholic Charities and Lutheran Social Services). If you are a caseworker for any of these agencies, please fax the following information to the secure fax line of the facility to which you are referring:

- Cover page for Adult Alcohol and Other Drug Treatment Services (Form CFS 440-6)
- Consent for Disclosure—Substance Abuse Assessment and/or Treatment (Form CFS 440-7)
- Adult Substance Abuse Screen (Form CFS 440-5)

### **From Probation or Court System:**

The Prairie Center accepts appropriate referrals from the court system. If you are a probation or parole officer, please fax the following information to the secure fax line of the facility to which you are referring:

- Proper authorization to release information
- Current client demographic information
- Court or probation order for treatment or TASC Assessment

### **From Illinois Department of Corrections:**

The Prairie Center accepts appropriate referrals from the Illinois Department of Corrections. If you are a corrections officer, PRU staff, or a TASC case manager, please fax the following information to the secure fax line of the facility to which you are referring:

- Proper authorization to release information
- Current client demographic information
- IDOC Support Services Request (if appropriate)
- Most recent TASC or in-house treatment provider assessment
- In-house treatment provider Discharge Summary (if appropriate)