TOWNSEND POLICE DEPARTMENT COIN/Restoration Recovery Center Referral Form







I have requested that the Townsend Police Department release my information to COIN or Restoration Recovery Center. The assisting officer has advised me of some of the services they provide including housing, transportation, food, health insurance, meetings, medication assisted recovery, detox & treatment, transitional living, sober living houses, Narcan, and IOP (intensive outpatient programs).

 Verbal permission obtained on scene 			
Please give brief descript	ion of services requ	ested	
This Authorization does r Department or COIN/Res		ther individual/agency beyond The T Center.	ownsend Police
The authorization will ex	pire in 12 months fr	om the date of signing unless other	vise specified.
Name of individual for refe	rral:		
Address:		Phone number:	
Individual's signature	Date	Officer & Badge #	Date

Restoration Recovery Center, 40 Fairmount Street, Fitchburg, MA 01420

Phone# 978-987-1258

WWW.Rrcifitchburg.com

COIN Clinician call 508-488-5072