Live Rite
Structured Recovery Corp.
27700 Gratiot Ave
Roseville, MI, 48066
(586) 217-5899

AOT Support Program Referral Form

Name of Referring Party: _____ **Phone Number:** _____

Relationship to Candidate: _____ **Date of Referral:** _____

Candidate Name: _____ **Phone Number:** _____

Address: _____ **Date of Birth:** _____

Please provide the following information, if applicable:

Mental Health Treatment Agency: _____

Prescriber: _____ **Case Manager:** _____

Psychiatric Diagnoses:

_____

Current Medications:

_____

_____

Additional Information:

_____

_____

***PLEASE RETURN COMPLETED FORM TO*: aot@liveritecorp.org, or Fax To: (586) 314-5833**

***You may also fill out and submit this form at*: https://www.liveritestructuredcorp.com/AOT**