

LATINX RECOVERY CENTER INC REFERRAL FORM



To refer an individual, please complete this form and return it via email to Admin@latinxrecoverycenter.org or phone it to 971.837.5934

Services provided are at no cost and no insurance is required.



Is this person experiencing homelessness?



NOTE: Prefers male/female

Female Male

Area of focus for support:



Name:

E-Mail Address:



Phone No: