

Recover Wyoming- Telephone Recovery Support
Referral Form

Today's Date: _____

Full Name of TRS Referral:

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Referred By (Name/Organization):

Able to receive a call:

- Immediately
- After (/ /)

Best time of day to be contacted (select all that apply):

- Morning
- Afternoon
- Evening

Best day of week to be contacted (select all that apply):

- Weekdays (Mon-Fri)
- Weekends (Sat & Sun)

Can TRS Staff leave a message: Yes No

Notes: _____

Please return referral form to Recover Wyoming
Mail to: 122 West Lincolnway, Cheyenne, WY 82001
Email to: Martin Hawes (martinh@recoverwyoming.org)
Fax to: (307) 222-0281
Recovery Center Phone: (307) 421-7261
Call for Recover Wyoming for questions or more information.