

**BLUE CARES – NEXT STEP REFERRAL FORM**

Police Dept: \_\_\_\_\_

Officer: \_\_\_\_\_

Officer's Phone Number: \_\_\_\_\_

**Please provide the following information regarding the individual being referred to Blue Cares-Next Step and email this form along with your preliminary report to Assistant District Attorney Justin Bodor – [jbodor@countyofberks.com](mailto:jbodor@countyofberks.com)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Drug Use:  Opioids (i.e. Heroin, Fentanyl, Oxycodone, etc.)  
 Stimulants (i.e. Amphetamine, Methamphetamine, Cocaine)

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**The following section is for the use of the District Attorney's Office only**

Date Referral was Reviewed: \_\_\_\_\_

Status:  The referred individual is eligible for Blue Cares – Next Step  
 The referred individual is not eligible for Blue Cares – Next Step

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Signature of District Attorney's Office Reviewer