



To whom it may concern,

Thank you for your referral to LIBCAP! We look forward to working with you as we strive to aid those in need of substance abuse treatment and emergency shelter! Please submit the following documentation when completing your referral. Please contact the LIBCAP Supervisor/Therapist, Latisha McHeard-Ellis, or Clinical Director, Shenetra Alexander , regarding questions about the referral/admission process. Additionally, as there is periodically a waiting list for admission to LIBCAP, it is imperative to submit the required documents so that potential clients' information can be assessed and determined for appropriateness for admission in a timely manner.

1. LIBCAP Application
 - a. Please ensure that client and case manager/social worker sign the application.
 - b. Please ensure that client signs the background check form in the designated place; the backgrounds cannot be processed without the signature.
2. Current A.S.A.M (Substance abuse assessment) completed within the past three months
3. HIV Verification Letter (proof of positive status)
 - a. In addition, an HIV verification letter stating that the consumer would benefit from case management services - signed by M.D.
 - b. Most recent lab results (e.g., Viral load and CD4 levels)
4. Current TB Screen Results
5. Confirmation of linkage to 1917 Clinic for healthcare
6. Homeless Verification Letter (Written and signed by Case Manager or Social Worker)
 - a. In addition, Proof of Income (if available)
7. Copy of any relevant Medical/Psychiatric Records Available
8. Copy of ID
9. Copy of Social Security Card (Not required for admission)
10. Copy of Birth Certificate (Not required for admission)
11. Copy of Insurance Card (If Any - Not required for admission)
12. Copy of Negative COVID-19 Test Results (no more than 72 hours)
13. Copy of COVID-19 Vaccination Record (if available)

It is preferable to have at least **one** form of identification submitted with the application packet.

Feel free to contact the office at (205) 918 - 8184 with any questions. Please fax referrals to (205) 918 - 8184 or scan to latisha.mcheard@aidsalabama.org

Thank you,

Shenetra Alexander, LPC
Clinical Director &
Latisha McHeard-Ellis, MSW
LIBCAP Supervisor/Therapist

