

WNYIL Internal Referral Form

Consumer Name: Consumer ID:

Consumer Phone Number

Consumer is Currently: _____ Active _____ Inactive _____ New

Program(s)/Service(s) Consumer is Currently Receiving (Place "X" Below):

- | | |
|--|---|
| _____ Addict2Addict (MHPC+ILNC) | _____ Home and Community Based Services (ALL) |
| _____ Benefits Advisement (ALL) | _____ ICAN (ALL) |
| _____ CDPAS/Taking Control (ALL) | _____ Independent Living Specialist (ALL) |
| _____ Crisis Services Mobil Transition Team (MHPC) | _____ Job Club (MHPC) |
| _____ Critical Intervention Team (MHPC) | _____ Medicaid App. Assistance Program (ALL) |
| _____ Deaf Services (ILNC) | _____ Mental Health Peer Specialist (ALL) |
| _____ Educational Advocacy (ALL) | _____ Native American IL Project (OAHIIIO) |
| _____ Enhancement Program (MHPC) | _____ NYSOFA - NY Connects (ALL) |
| _____ Erie Co. Medical Center Peer Support (MHPC) | _____ Olmstead Housing (ALL) |
| _____ Family Support Services (ALL) | _____ Open Door (ALL) |
| _____ Family2Family (MHPC) | _____ Rapid Re-Housing & Employment (ILGR) |
| _____ Health Home Care Coordination (ALL) | _____ Transportation (ALL) |

Name of Referring Staff:

Date of Referral:

Program(s)/Service(s) Consumer is Being Referred To (Place "X" Below):

Program Location Consumer is Being Referred to: _____ ILC _____ ILNC _____ ILGR _____ OAHIIIO

Consumer will: _____ work with both referring/receiving staff x work with receiving staff only

- | | |
|---|--|
| _____ Addict2Addict (MHPC+ILNC) | _____ Job Club (MHPC) |
| _____ Benefits Advisement (ALL) | _____ Medicaid App. Assistance Program (ALL) |
| _____ CDPAS/Taking Control (ALL) | _____ Mental Health Peer Specialist (ALL) |
| _____ Deaf Services (ILNC) | _____ Native American IL Project (OAHIIIO) |
| _____ Educational Advocacy (ALL) | _____ NYSOFA - NY Connects (ALL) |
| _____ Family Support Services (ALL) | _____ Olmstead Housing (ALL) |
| _____ Family2Family (MHPC) | _____ Open Door (ALL) |
| _____ Health Home Care Coordination (ALL) | _____ Rapid Re-Housing & Employment (ILGR) |
| _____ Home and Community Based Services (ALL) | _____ Transportation (ALL) |
| _____ ICAN (ALL) | |
| _____ Independent Living Specialist (ALL) | |

Name of Staff Receiving Referral: _____ Date Received Referral: _____