



# PROGRAM REFERRAL FORM

Date of referral: \_\_\_\_\_

Is client aware of and agreeable to this referral?  YES  NO

Is this referral urgent?  YES  NO

**\*CLIENT MUST BE AWARE OF REFERRAL AND AGREEABLE TO BEING REFERRED**

### CLIENT INFORMATION

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ May we leave a message?  YES  NO

Email: \_\_\_\_\_ May we email?  YES  NO

Any current legal involvement?  Probation  Parole  OCFS  CPS  Other: \_\_\_\_\_

### REASON(S) FOR REFERRAL/NEEDS:

Brief explanation of concerns/needs as it relates to gun or community violence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emotional Support/Therapy  Interested in Becoming a SNUG Participant (high risk behaviors)

Case Management  Safety Concerns  Other \_\_\_\_\_

### REFERRAL SOURCE

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Agency/Program: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please email referral to SNUG Utica Social Worker Brittany Weibel, LCSW at [bweibel@ican.family](mailto:bweibel@ican.family)**