

SUPPORTIVE SERVICES REFERRAL

County:	() Franklin County () Licking County
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Type of Referral:	() SELF () Relative/Friend () Agency
Your Name & Contact info:	
Guardian/POA Name/Contact (if known):	
DATE:	

Client Name			
	Last	First	MI.
Date of Birth			
Address			
City			
Phone		Race/Ethnicity:	

Services Requested:(choose one)

<input type="checkbox"/>	Organizing household finances/budgeting
<input type="checkbox"/>	Medical Advocacy
<input type="checkbox"/>	Benefits Assistance
<input type="checkbox"/>	End of Life Planning
<input type="checkbox"/>	Housing related activities/why:
<input type="checkbox"/>	Food Resources/Food Box
<input type="checkbox"/>	General Assessment to Determine Needs
<input type="checkbox"/>	Other (specify):

Safety Concerns/Risks: (choose all)

<input type="checkbox"/>	Animals in the home: _____
<input type="checkbox"/>	Weapons in the home: _____
<input type="checkbox"/>	Infestations: _____
<input type="checkbox"/>	Cognitive Concerns: _____
<input type="checkbox"/>	Known History of Violence: _____
<input type="checkbox"/>	Others individuals in the home: _____
<input type="checkbox"/>	Drug use/Abuse: _____
<input type="checkbox"/>	Other (specify):

Comments/Additional Information: (please include additional info from above; if Housing- known History of Evictions/Felonies/others living in home, other involved agencies- APS, CPS, MH/AOD services, Passport, County DD services, COAAA or Senior Options,etc.)

Franklin County Referrals:

Email Referrals to Joann Wright, LISW, Intake Coordinator JWright@colscss.org
 Fax: 614-228-1125 Ph: 614-857-1212

Licking County Referrals:

Email Referrals to Tim McCracken, LSW, Program Coordinator
tmccracken@colscss.org Fax: 740-345-0199 Ph: 740-345-2565 Ext 4

Franklin County Office: 197 E Gay St. Columbus, OH 43215
 Licking County Office: 1031 Brice St. Newark, OH 43055