



SUPPORTIVE SERVICES REFERRAL

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| 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)

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|--------------------------|---|
| <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)

| | |
|--------------------------|---------------------------------------|
| | Animals in the home: _____ |
| | 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.)

Email Referrals for Franklin & Licking Counties
to Joann Wright, LISW, Intake Manager
SupportiveServicesIntake@colscss.org

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