**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 (OAHIIO)

\_\_\_\_\_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 \_\_\_\_OAHIIO**

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 (OAHIIO)

\_\_\_\_\_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 & Employ ment (ILGR)

\_\_\_\_\_Home and Community Based Services (ALL) \_\_\_\_\_Transportation (ALL)

\_\_\_\_\_ICAN (ALL)

\_\_\_\_\_Independent Living Specialist (ALL)

Name of Staff Receiving Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received Referral:\_\_\_\_\_\_\_\_\_\_\_\_\_

IL Section 3: Internal Referral\_180618