Catholic Charities
DIOCESE OF SYRACUSE

Cortland County
Marie Walsh
Executive Director

Peer Services Referral Form

Date: _____

Client Name: _____ DOB: _____

Client preferred contact method and information: (phone call/number, email, etc.): _____

_____

Diagnosis: _____

Behavioral Health Issues (including addiction):_____

How Can We Help? _____

_____

_____

Identified Client Needs (check all that apply)

____Life Skill Building

____Support/Socialization

____ Advocacy

____Engagement/Re-Engagement

Referral Source

Name: _____

Phone #_____

Email: _____

_____Signed release if appropriate is attached.

Please fax all referrals to: 607-756-5999 Attention: Julie Partigianoni or Mike Johnson