



Allegany County: 85 North Main Street, Wellsville, NY 14895; Fax (585) 593-4603
Email completed referrals to: Simone Hendee: shendee@ccaction.org

REFERRAL FORM

Date of Referral: _____

Referring Agency: _____

Contact Person: _____

Phone: _____ Email: _____

Has a Release of Information been signed authorizing disclosure of information? ____ Yes ____ No

Requested services: _____

Client Information:

Person(s) Being Referred: _____

Age(s): _____ Parent or Guardian if Under 18: _____

Address: _____

County: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Summary of presenting issue(s):

**Referral Response
(CCA STAFF ONLY)**

____ Client was contacted on (date) _____, and the following services have been arranged: _____

____ Client was contacted on (date) _____, and the following services have been provided: _____

____ Attempts to contact this client have been unsuccessful (describe): _____

____ Referral Source was provided update on (date) _____

Comments: _____

Signature CCA employee