

**Catholic Charities of Cortland County
New Beginnings Community Reentry Referral**

Referral Source _____ Date of Referral _____
Referral Contact Name _____ Phone/Email _____

PERSONAL INFORMATION

Name _____ Date of Birth _____
Current Address _____ Phone _____
Other Contact Person _____ Phone _____
Preferred Pronouns _____ Gender Identity _____

PLEASE TELL US WHAT YOU CAN ABOUT THE PERSON BEING REFERRED:

COMMUNITY LIVING NEEDS - Check ***needed*** Services:

- | | |
|---|--|
| <input type="checkbox"/> Financial Support | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Help with Education or Employment |
| <input type="checkbox"/> Mental Health Treatment/Counseling | <input type="checkbox"/> Social & Personal Support |
| <input type="checkbox"/> Substance Use Treatment/Counseling | |

Note any special needs or priorities _____

JUSTICE SYSTEM HISTORY & INVOLVEMENT

Check if current or history of the following - Provide details and names of others involved if known

- Past Incarceration _____
 Current/ Past Parole _____
 Current/Past Probation _____

Other Information: _____

HOUSING: *What is their current living situation:*

- | | |
|---|---|
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Independent Living |
| <input type="checkbox"/> Supported or Supervised Living Environment | <input type="checkbox"/> Eviction Notice |

Other Information: _____

Signature and Title

Date

**Submit referral by secure Email to Desiree Richmond at dreichmond@ccocc.org , Fax (607)756-5999,
Phone 607-756-5992 ext. 131, or mail to New Beginnings Community Reentry,
Catholic Charities: 33-35 Central Ave, Cortland 13045**