

Referral to Unlimited Potential

Person Making Referral

Date of referral _____

Name _____

Agency Name _____

Address _____

Phone _____ Email _____

Person in Need of Services

Name _____

Address _____

Phone _____ Email _____

Alternate Phone _____ Primary language _____

Gender Male Female Other Date of birth _____

Are you currently a resident of Saratoga County? Yes No

For the Golden Club only, is the person age 50 or older? Yes No

Does the person have a mental health diagnosis? Yes No

If yes, list all current diagnoses _____

Medicaid CIN _____ Social Security number _____

Managed care organization _____ MCO phone number _____

Therapist name _____ Therapist phone _____

Psychiatrist name _____ Psychiatrist phone _____

Indicate involvement with any of these services:

Saratoga County Mental Health?	<input type="checkbox"/> Yes <input type="checkbox"/> No	PROS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Department of Social Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	RISE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Saratoga County Probation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	OASIS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Access VR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate which services person is being referred for:

- | | |
|---|---|
| <input type="checkbox"/> Peer Support Services | <input type="checkbox"/> Golden Club |
| <input type="checkbox"/> Transitional Employment Services | <input type="checkbox"/> Prevocational Services |
| <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Supported Education |

For referring individuals, please include the following information with the completed referral:

- ✓ Recent psycho social assessment
- ✓ Physical exam completed within 1 year
- ✓ Appropriate releases of information
- ✓ Any other pertinent information

Agency Information

All referrals sent to Northern Rivers will be filled by its affiliate Unlimited Potential

Please send referrals to Unlimited Potential at the address below.

For questions, email Jennifer.Myers@northernrivers.org

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER
UNLIMITED POTENTIAL

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