### Client Services Referral

❐ Mental Health Services ❐ Substance Use Services

❐ Housing/Home Plans ❐ Transportation

❐ Public Benefits (Disability, SNAP, Medicaid) ❐ ID/Vital Documents/Driver’s License

❐ Employment Assistance ❐ Other (please specify below)

1. Provide details on the assistance requested.
2. What is the status of the criminal case (e.g., next court date, charges, anticipated outcomes), and how is this assistance related?
3. Please tell us anything we should know about your client and/or how to communicate with them.
4. Is there a deadline for the assistance requested? ❐ Yes: \_\_\_\_\_\_\_ ❐ No
5. Please provide your contact information.

 ❐ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_