

REFERRAL FOR THE CNYS SUPPORTED EMPLOYMENT SERVICES

Please mail to: Central New York Services - ACE Program
 375 W. Onondaga St., Suite 25, Syracuse, NY 13202
 Please fax to: 315-295-2031 or call 315-473-9294/9295 ext. 322

PLEASE ANSWER ALL QUESTIONS BELOW

Client Name: _____ Date of birth: _____

Sex: F / M Social Security Number _____ - _____ - _____

Address: _____

Telephone: _____ Alternate telephone number: _____

What **benefits** does this individual currently receive? **Fill in dollar amounts:**

SSD _____ Section 8 _____

SSI _____ Food Stamps _____

Safety Net _____ Other (be specific) _____

Medicaid # _____ Medicare # _____

Referral completed by: _____ Title: _____

Phone number of referral source _____

Location of referral: _____ Date of referral: _____

Residential Program (please mark one):

_____ Intensive Apartment Program (IAP) Location _____

_____ Community Residence (CR) Location _____

_____ Other (please explain)

DSM-IV diagnostic codes:

Mental Health

Substance-Related Disorders

Treatment Information:

Counselor Name	Counselor's Telephone#	Individual Counseling	Group Counseling	Times & Days of counseling:

***Is the individual exempt from employment through JOBSPlus or DSS?** _____

What medications is the individual currently taking? _____

What shift is the individual available to work, morning, day, or night? _____

What hours is the individual available to work? _____

Number of hours available for work weekly? _____

ACE USE ONLY:

Date Received: _____ Employment Specialist: _____