RAPID ENGAGEMENT DELIVERY (RED) Program Referral

Please check all that apply	
Adult- 18 Years of age or older	
Resident of Monroe County	
Eligible for Temporary Assistance (TA) or presumed to be eligible (Does NOT receive SSI/SSD)	
History of unsuccessful attempts at obtaining Temporary Assistance (TA) benefits or currently unable to do so; OR history of emergency housing utilization	
Date of Referral:	
First Name: Last Name:	DOB: SSN:
Do you require services in a language other than English	h?
Gender: Male Female Transgender	
Race/Ethnicity:	Marital Status:
Client's Permanent or Temporary Address/Shelter	
Street:	
City: State: _	Zipcode:
Phone Number(s):	
Referral Source:	Agency: Telephone #:
Case Manager:	Agency: Telephone #:
Mental Health Counselor:	Agency: Telephone #:
Chemical Dependency Counselor:	Agency: Telephone #:
Primary Care Physician:	Agency: Telephone #:
Social Security Disability Status:	Assisting Attorney: Telephone #:
Additional Comments:	

Fax referral to: 585-753-5015 (ATTN: RED Program)

(Attach Consent for Release/Exchange of Information)