

# NRCIL

Your Disability Rights and Resource Center

**Jefferson County Office**  
210 Court Street #107  
Watertown, NY 13601  
Phone: (315) 785-8703  
Fax: (315) 785-8612

**Lewis County Office**  
5520 Jackson Street  
Lowville, NY 13367  
Phone: (315) 836-3735  
Fax: (315) 376-3404

**St. Lawrence County Office**  
500 State Street  
Ogdensburg, NY 13669  
Phone: (315) 785-8703  
Fax: (315) 785-8612

## Referral Application / Release of Information

PLEASE PROVIDE THE FOLLOWING INFORMATION:			
Date of Referral:	Date of Birth:	Preferred Gender:	Race:
Legal Name of Adult or Child being referred:	Preferred Name:	Insurance:	CIN:
	Preferred Pronouns:		
Parent/Guardian or Legal Representative:			
Address:		Phone:	
Circle County of Residence:      Jefferson      Lewis      St. Lawrence		Disability:	
CONTACT INFORMATION FOR AGENCY COMPLETING REFERRAL:			
Name:		Title:	
Organization:			
Address:			
Phone:		Email:	
CONSENT TO DISCLOSURE OF HEALTH INFORMATION			
I am the Individual, or Legal Representative whose information will be used or disclosed. (If Legal representative, parent, or guardian, please enter relationship _____).			
I give permission to use and disclose my information above to initiate services at NRCIL.			
<ul style="list-style-type: none"><li>• By signing, I agree to allow NRCIL programs to coordinate services with the referring agency.</li><li>• By signing, I agree to allow NRCIL programs to verify insurance eligibility.</li></ul>			
Individual/Parent/Guardian/Legal Rep. Signature: _____		Date: _____	
Agency Representative Signature: _____		Date: _____	
(This Release will expire 90 days from date of signature.)			
<b>For HCBS Referral (only)</b> - Supporting Documents required: <input type="checkbox"/> Letter of Service Determination <input type="checkbox"/> Initial Plan of Care			
<b>For CFTSS Referral (only)</b> - Supporting Documents required: <input type="checkbox"/> NRCIL's Medical Necessity Form			

# **NRCIL Services Offered by County (circle appropriate county)**

Advocacy    Adult ____                                    Child ____	Jefferson	Lewis	St. Lawrence
Architectural Barrier Services	Jefferson	Lewis	St. Lawrence
Benefits Advisement	Jefferson	Lewis	St. Lawrence
Community Health Worker (CHW)	Jefferson	Lewis	St. Lawrence
Family Support Services	Jefferson	Lewis	St. Lawrence
Housing Advocacy	Jefferson	Lewis	St. Lawrence
Independent Living Skills	Jefferson	Lewis	St. Lawrence
Information and Referral	Jefferson	Lewis	St. Lawrence
Parenting Classes	Jefferson	Lewis	St. Lawrence
Peer Support Services / Peer Counseling / Recovery Coach Services	Jefferson	Lewis	St. Lawrence
Psycho-Social Club-Reaching Out to Each Other (R.O.T.E.O) / STOP IN Center	Jefferson	Lewis	
Resource Area (computer access, copier, fax, notary & Loan Closet	Jefferson	Lewis	
Support/Self-Help Groups	Jefferson	Lewis	
Transition Support	Jefferson	Lewis	St. Lawrence
Transportation Advocacy	Jefferson	Lewis	
Work/Employment	Jefferson	Lewis	St. Lawrence
Other:	Jefferson	Lewis	St. Lawrence

**NRCIL use only:**

Referred to Advocate: \_\_\_\_\_ DBID#: \_\_\_\_\_

- Referral in CIL Suite \_\_\_ Drop in Documents \_\_\_
- Appt Note in CIL Suite \_\_\_
- Add Appt to Advocate's Calendar \_\_\_
- Scan & place Referral in Party's Documents \_\_\_
- (Lewis Co) Place on Spread sheet \_\_\_