jewish family services | wny

Community Services Division Referral Form

Please use this form if you are referring for:
The Community Services Division (i.e. Career Services, Social Services, Housing Support, Family Support Services). If this referral is requesting assistance navigating childcare services also complete and attach the "Childcare Navigation Referral Form".

Please forward all referrals to:
Communityservices@jfswny.org

Name of Person Referring:	**Date of Referral:**	
Email (if not JFS Employee):	**Phone (if not JFS Employee):**	
1.) Client Information		
Client Name:		
Phone Number:	**Language(s):**	
Current Address:	**City/Town:**	**Zip Code:**
Please mark the level of vulnerability of this individual: **High** ☐ **Medium** ☐ **Low** ☐		

Use this space to tell us more about why you are referring this client, their level of vulnerability and their needs: