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Social Care Navigator Referral Form

Please send completed Social Care Navigator Referral to SocialCareReferrals@jfswny.org

*Client Name: _____	*DOB: _____
*Primary Phone Number: _____	Secondary Phone Number: _____
Address: _____ _____	Primary Language: _____
*Diagnoses: _____ _____	

Suspected Health Related Social Needs: Please check the box for what services you believe are most appropriate for the client. The Social Care Navigators will direct them to the appropriate services if they are eligible.

Services with an asterisk can be provided directly through JFS

Housing*

- Asthma Remediation
- Home Accessibility and Safety Modifications
- Community Transitional Supports*
- Rent and Temporary Housing*
- Utility Activation Fees*
- Utility Back Payments*
- Utility Assistance*

Nutrition

- Counseling and Education
- Medically Tailored Home Delivered Meals



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Pantry Stocking

Cooking Supplies

Transportation

Public and Private Transportation

Name of Referral Source: _____

Title/Relationship to the Client: _____

Date of Referral: _____

Notes:
