

RISE Referral Form: Resource Liaison Services

RISE is designed to support and coach individuals and families in assessing their own needs, creating visionary goals, connecting to their communities, and celebrating people on their journey to a thriving future.

Date: _____ Name: _____

Preferred Language: _____

Address:

Phone: _____ Secondary contact: _____

Email: _____

Best form of contact: () Mail/in person () Phone call () Text () Email

OK to leave voicemail? () Yes () No

Best time to Contact: () Morning () Afternoon () Evening () No preference

Is this a self-referral? () Yes () No

If No, is the person being referred aware of the referral? () Yes () No

Referral Source Name:

Phone: _____

Email: _____

1) Provide a brief description of resources and referrals you are currently looking for:

2) Please check off if you are hoping to be connected to any of the following programs:

___ General Resource and Referral

___ Reentry Connections

(Barrier due to criminal history)

___ Condemned Housing

___ Workforce Development

___ *Doubled Up Housing situation

(“Sharing the housing of other persons due to loss of housing, or economic hardship.”)*

Please email the completed referral form to: RISE@caplanc.org or send through Empower Lancaster

Initial contact will be attempted within 1 business day of referral being received.