

## RISE Referral Form: Resource Liaison Services

RISE meets individuals and families where they are, walking alongside them to facilitate connections to community resources, encourage dreaming, and celebrate their journeys.

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

\_\_\_ Justice Impacted

(Barrier due to criminal history)

\_\_\_ \*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](mailto:RISE@caplanc.org)

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