



Recovery Support Services (RSS) Referral Form
Lakeview Health Services
609 West Washington St., Geneva, NY 14456
Phone: (315) 789-0550 Fax: (315) 789-0555

RSS referrals must be completed to the best of your knowledge, to be accepted by the Coordinator or Outreach worker. Referrals can be dropped off, mailed to, or faxed to the CSS Office (listed above).

Date: _____

Client Name: _____

DOB: _____

SS#: _____

Address: _____

Phone: _____

Insurance Information, if available: _____

Referral Source Name: _____

Contact Information: _____

Reason for Referral:

Services Requested:

[]STEMSS Meeting []One-on-One []Woman's Group []Other: _____

Please list any safety concerns: _____
