



Ontario & Yates Recovery Centers

Referral Form

Ready to submit the completed Referral Form?

Do not include clinical data/PHI

- Email: HDaeffler@LakeviewHS.org
- Fax: 315.789.0555
- USPS Mail:
609 W. Washington St.
Geneva, NY 14456
- Questions? Call: 315.789.0550

What Happens Next?

A team member will reach out to you, usually within a week, to schedule a day and time for your screening. At times, referrals may take longer to process if additional information or review is needed.

Please select the program location that is best for you:

Ontario Recovery Center
611 W. Washington Street
Geneva, NY 14456

Yates Recovery Center
173 Main Street
Penn Yan, NY 14527

Referral for: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Peer-led groups (In-person / Virtual) | <input type="checkbox"/> Participation in community activities or events |
| <input type="checkbox"/> Calls and/or emails from a peer coach | <input type="checkbox"/> Recreational activities with others |
| <input type="checkbox"/> Meeting with peer coach in the community | <input type="checkbox"/> MH / Recovery advocacy activities |

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Gender Identity: _____ Primary Language: _____

Street Address: _____ City: _____

Home Phone: _____ Cell Phone: _____ Email: _____

What is the best way to reach you? Home Phone Cell Phone Email Morning Afternoon

What interests you in joining the Recovery Center? _____

Can you think of any other supports that may be helpful to you in sustaining your recovery? If so, please list them here. _____

Which of the supports that you identified are not in place in your life right now? _____

Which would you like to work on developing together? _____

Signature of Applicant: _____ Date: _____

Individuals may self-refer. Please do not include clinical information/PHI.

If this referral was completed with the assistance of an agency, please include agency and staff contact information.

Self Referral or Referral Source: _____ Contact Name: _____

Phone Number: _____ Email: _____

For Office Use Only:	Received: _____	Outreach: _____	Screening: _____
Accepted: _____	Rejected: _____/Reason _____	Reviewed By: _____	