women&familylife CENTER
SUPPORT • EMPOWER • GROW

Guided Assistance Pathways
Agency Referral Form

What happens next: Our Programs Team will acknowledge your referral within one business day. With the participant's permission, we'll reach out within two business days, sooner for urgent needs or deadlines. We'll listen to what matters to them, explore options together and help identify a useful next step.

How to submit: Complete the information you know. Send securely to info@womenandfamilylife.org or fax 203-456-0616. Questions? Call (203) 458-6699.

1. Referral request

What should W&FLC do first? Select one.

☐ Contact the participant directly ☐ Wait for the participant to contact W&FLC ☐ Contact the referring provider first ☐ Coordinate a warm handoff through a joint call, introduction, or planned callback

Does the participant know this referral is being submitted? ☐ Yes ☐ No ☐ Unsure

If direct outreach or a warm handoff is requested, has the participant agreed that W&FLC may contact them? ☐ Yes ☐ No ☐ Unsure ☐ Not applicable

2. Referring provider

Field	Complete
Date / organization	Date of referral: _____ Organization: _____
Referring person / role	
Contact	Phone: _____ Email: _____
Preferred contact / best time	☐ Phone ☐ Email ☐ Either Best time: _____

3. Participant information and safe contact

Field	Complete
Participant	Name: _____ Preferred name: _____
DOB / town	Date of birth, if known: _____ Town of residence: _____
Phone / email	Phone: _____ Email: _____
Preferred contact	☐ Phone ☐ Text ☐ Email ☐ Through referring provider first
Safe contact	Leave voicemail? ☐ Yes ☐ No ☐ With limits: _____ Text? ☐ Yes ☐ No ☐ With limits: _____ Email? ☐ Yes ☐ No ☐ With limits: _____
Best days / times	
Language / access	Language, interpreter, communication, or access needs: _____
Outreach limits	Anything W&FLC should avoid saying or identifying during outreach? _____

4. Referral information

In the participant's own words, what are they hoping for help with right now?

What else would help us respond? Include relevant barriers, prior efforts or current concerns. A brief summary is enough.

Primary reason for referral • Select what is relevant

☐ Family / relationships / divorce or separation ☐ Parenting / custody / caregiving ☐ Housing / utilities / food / transportation ☐ Benefits / insurance

☐ Finances / debt / budgeting ☐ Employment / education / career ☐ Safety / relationship control / advocacy ☐ Emotional support / connection

☐ Legal information / outside legal referral ☐ Career or financial consultation ☐ Program / workshop / support group ☐ Resource navigation / warm handoff ☐ Other: _____

Is there a time-sensitive need or deadline? ☐ No ☐ Yes ☐ Unsure Date / details:

_____

5. Current supports and coordination

List only providers or organizations relevant to this referral.

Provider / organization and contact, if known	Current role / support

Would coordination with the referring organization be helpful? ☐ Yes ☐ No ☐ Maybe

Release of Information (ROI): ☐ Attached ☐ Not attached

Requested update: ☐ None ☐ Please confirm whether the participant connected ☐ Other:

_____

Permission for outreach does not authorize ongoing information sharing. W&FLC will confirm with the participant what may be shared with you. A separate Release of Information may be needed.

Relevant document or provider details: _____

6. Safety and outreach considerations

Share only what W&FLC needs for safe and appropriate outreach.

Current urgency: ☐ No known urgency ☐ Time-sensitive, not an emergency ☐ Unknown ☐ Immediate concern already referred for emergency or crisis assistance

Relevant safety or outreach information and action already taken:

Important: W&FLC is not an emergency or crisis-response organization and does not provide shelter or beds. For an immediate emergency, call 911. For shelter resources or other community services, contact 211 or an appropriate service provider. Do not wait for a referral response when urgent assistance is needed.

7. Referring provider confirmation

I confirm this information is accurate to the best of my knowledge. If direct contact or a warm handoff is requested, the participant knows about the referral and has agreed to that contact. A separate Release of Information may be needed for ongoing coordination or additional information sharing.

Name: _____ Date: _____ Signature: _____

8. W&FLC Programs use

STAFF USE ONLY • Referring organizations and providers do not complete this section.

Field	Complete
Received / reviewed	Date received: _____ Reviewed by: _____
Initial owner / outreach	Owner: _____ First outreach date: _____ Safe method: _____
Initial response / pathway	Response: ☐ Direct Information ☐ One-Time Navigation ☐ Review needed Pathway if applicable: ☐ Community Support Pathway ☐ Consultation Pathway ☐ Programs, Workshops & Support Groups Pathway Outside connection: ☐ External referral / warm handoff
Next action / owner / timeframe	
Permitted update to referrer	☐ No update back to referrer ☐ May confirm contact/connection only ☐ Other permitted update: _____ ☐ ROI needed / on file
Referral outcome / remaining role	☐ Reached / connected ☐ Unable to reach ☐ Participant declined ☐ Another response selected ☐ Follow-up remains open Details / next owner + timeframe: _____