



*Restoring Hopes, Refreshing Bodies, Renewing Spirits*  
1301 Ferry Avenue, Niagara Falls, NY 14301 . Telephone (716) 893 0931

## REFERRAL FORM

**Please note that to be eligible applicant must be at least 25 years old.**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

What is your relationship to the applicant? \_\_\_\_\_

How long have you known her? \_\_\_\_\_

HAVE YOU EVER REFERRED ANYONE TO THIS PROGRAM BEFORE?  YES  NO

Briefly state why and how you think this person could benefit from this program and why you are recommending that she attend. **Please be as specific as possible.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What information or concerns about this applicant would be helpful for the Respite staff to know?

\_\_\_\_\_  
\_\_\_\_\_

Please print your name \_\_\_\_\_

Your signature \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Agency address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Return by deadline to: WOMEN'S RESPITE PROGRAM  
1301 Ferry Ave. • Niagara Falls, NY 14301**

**Questions? 716 893 0931**