

Whitted Human Services Center
 300 West Tryon Street
 Hillsborough, NC 27278
 Fax: (919) 287-2828



Tiffany Bullard
 Reentry Council Case Manager
 Office: (919) 245-2065
 tbullard@orangecountync.gov

Orange County Local Reentry Council

REFERRAL FORM

This form is to be completed by the referral source

Client's Name						Primary Phone #			
DOB		Gender		County		Email			
Address					City			Zip	
Other Contact Info									

REASON(S) FOR REFERRAL

REENTRY NEEDS

<input type="checkbox"/> Employment	Comments	
<input type="checkbox"/> Education/Job Training	Comments	
<input type="checkbox"/> Medical Treatment	Comments	
<input type="checkbox"/> Housing	Comments	
<input type="checkbox"/> Transportation	Comments	
<input type="checkbox"/> Childcare	Comments	
<input type="checkbox"/> Other	Comments	

REFERRAL SOURCE *(Please fax or email this form to the LRC Case Manager)*

Name of Person Making Referral <i>(Print)</i>						Title and/or Agency			
Phone #		Email				Date of Referral			

OUTCOME OF REFERRAL *(To be completed by the LRC Case Manager)*