



Finger Lakes Community Action

A division of **Wayne County Action Program, Inc.**

Advocacy for Community Empowerment Program (ACE)

159 Montezuma Street

Lyons, NY 14489

315-333-4155 | Fax: 315-665-0137

fingerlakescommunityaction.org

Helping people. Changing lives.

**BH CORE Adult Empowerment Services- Peer Supports
Applicant Information**

To be completed by Referring Agency:

Applicant Name: _____ DOB: _____

Address: _____
(Street, City/Town, State, Zip Code)

Phone #: _____ Second Contact info: _____

Best Time to Contact: _____

Insurance Provider: _____

Medicaid CIN#: _____ Medicaid ID# _____

Does applicant have a current therapist? YES NO

If yes, Name: _____

Agency: _____

Phone: _____ Email: _____

Identified Needs of Individual:

Safety Concerns/Behavioral Concerns/Other Comments:

Have you ever been convicted of a Misdemeanor/Felony? YES NO



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If you're a referring agency completing this application, **applicant's signature is required.**

Agency Referring: _____ Date: _____

Person Referring: _____ Title: _____

Phone # of Agency: _____ E-Mail: _____

Referring Agency Signature: _____ Date: _____

Is the Individual aware of the referral? Yes No

I give permission/consent for personnel of the referring agency to share information with the Wayne County Action Program, Inc., - Advocacy and Community Empowerment and an (ACE) staff member will contact me to set up an intake appointment to discuss services.

Signature _____ Date: _____

Applicant