



# TOWN OF WINDSOR SOCIAL SERVICES REFERRAL FORM

The purpose of this referral is for sharing of information, concern, and follow up if required. This referral is designed to provide for the exchange of pertinent information to facilitate prompt services to Windsor residents. Please use this form to refer a Windsor resident who could benefit from having a Windsor Social Services caseworker contact them.

**DATE OF REFERRAL:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **AM/PM**

**NAME OF PERSON(S) REFERRED:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_, **WINDSOR, CT**

**PHONE NUMBER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**EMERGENCY CONTACT FOR REFERRAL:** \_\_\_\_\_

**REFERRING AGENCY:** POLICE Squad A B C EMS HEALTH DEPT. FIRE

**REFERRED BY:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

- FYI**
- FOLLOW UP NEEDED BY SOCIAL SERVICES**
- INCIDENT/POLICE REPORT ATTACHED**

- |   |  |
|---|--|
| <input type="checkbox"/> Senior over 60 living alone needing help | <input type="checkbox"/> Child, adult or elderly at risk or in crisis (abuse/neglect for DCF or Protective Svcs) |
| <input type="checkbox"/> Elder abuse                              | <input type="checkbox"/> Personal crisis – food  |
| <input type="checkbox"/> Adult at risk                            | <input type="checkbox"/> Personal crisis – eviction/foreclosure  |
| <input type="checkbox"/> Domestic violence/conflict               | <input type="checkbox"/> Personal crisis – heat/water  |
| <input type="checkbox"/> Missing person i.e. elderly wandering    | <input type="checkbox"/> Untimely death (assistance for family)  |
| <input type="checkbox"/> Frequent medical calls and/or falls      | <input type="checkbox"/> Fire in home  |
| <input type="checkbox"/> Mental health or substance abuse         |  |

**ADDITIONAL REMARKS OR INFORMATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DOWNLOAD AND EMAIL COMPLETED FORM TO:** [socialservices@townofwindsorct.com](mailto:socialservices@townofwindsorct.com)  
**OR**  
**FAX COMPLETED FORM TO:** 860-285-1908