

Referrals Checklist

Examine your current referral network, and your need for additional resources by checking the appropriate box in each column.

Type of Service	Have Referral Available (Y/N)		Referral Sources Provide Adequate Services* (Y/N)		Need Additional Referral Sources ** (Y/N)	
	YES	NO	YES	NO	YES	NO
1. Health Care						
2. Housing						
3. Food						
4. Transportation						
5. Domestic Violence						
6. Reproductive Health Services						
7. Chemical Dependency Prevention and Treatment Services						
8. Mental Health Services						
9. Legal Services						
10. Case Management						
11. Other Services:						
12.						
13.						
14.						

* If NO, identify what about the service is not adequate.

** If YES, what do you do if you need additional referral sources?