

CORNERSTONE MANOR TRANSITIONAL HOUSING
Referral Process and Application

Thank you for your interest in referring to our Transitional Housing Program. Please complete the following information with the individual or family you have in mind. *The information provided is held in strict confidence for use only in determining the eligibility status of the individual.*

If you have any questions or need assistance completing the referral form, please feel free to contact me directly at (716) 348-3136. *Please fax or email your application and referral information to: Anna Isom, Compliance Manager (716) 852-5428 or aisom@buffalocitymission.org*

The Referral Process

- Please complete the referral and click on submit. Referrals are accepted on a first come first serve basis.
- A confirmation receipt will be emailed to the referring agency or person within 3 business days to either request further information and to set up an appointment.

REFERRAL INFORMATION
(To be completed by referring Agency)

Name of Referring Person: _____

Agency Name: _____

Phone #: _____

Fax #: _____

Position: _____

Email address: _____

Individual or Family being referred: _____

How long have you known this individual or family? _____

Referring Agency Caseworker

Date