



# **CITIZEN ADVOCATES, Inc.** **NORTH STAR FAMILY OF SERVICES**

31 Sixth Street PO Box 608  
Malone, New York 12953  
Voice: 518-481-5746  
Fax: 518-481-5289

70 Edgewood Road PO Box 1270  
Saranac Lake, NY 12983  
Voice: 518-891-2319  
Fax: 518-891-2621

\*Please fax completed referral to April Riley @ 518-481-5289 or mail to April Riley @ 31 Sixth Street PO Box 608  
Malone, NY 12953

## **North Star Family of Services -Parent Support Services**

### **Referral Form**

Parent's Name(s): \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Names & Ages of Siblings: \_\_\_\_\_

Parent's Concerns: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List other Service Providers working with the family:

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### **Health Information**-(To be completed by Citizen Advocates Staff only)

Active in Clinical Services? Yes or No

Clinician: \_\_\_\_\_ CCBHC Initiate date: \_\_\_\_\_ Medicaid/Insurance# \_\_\_\_\_

### **Referral Source:**

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

