



Unique Peerspectives Referral Form

Please return this form to Unique Peerspectives:

572 S. Salina St.
Syracuse, NY 13202
Phone: 315-802-7018
Email: Jennifer.chandler@accesscny.org

*Please submit your referral and we will contact you to schedule a tour. If the program seems like a good fit for you, we will then schedule an intake. Once your intake is completed and we go over all paperwork, you will officially be admitted as a new member.

Feel free to reach out at the number listed above with any questions!

Name: _____ Phone: _____ Date: _____

Email: _____ Address: _____

How did you hear about Unique Peerspectives and what current supports do you have?

What do you want to gain from Unique Peerspectives and what kind of support are you looking for?

Turn page over...

Person making referral (leave blank if you are referring yourself):

Name: _____ Agency: _____

Phone: _____ Fax: _____

Email: _____

If you have any further questions, please contact:

Jennifer Chandler

Manager

Unique Perspectives

315-329-9265

Jennifer.chandler@accesscny.org