



CORES Agency Referral Form

1540 Pontiac Ave, Cranston, RI 02920

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Send to: Rbailey@justiceassistance.org & Lperez@justiceassistance.org or fax 401- 781-1062

Referring Agency Information

Referring Agency: _____ Date: _____
Staff Name: _____ Title: _____
Phone Number: _____ Email: _____
Fax: _____

Client Information

Do they have an open case with your agency: Yes No
Client's Name: _____ DOB: _____
Gender: _____ Race: _____ Ethnicity: _____ Language: _____
Phone: _____ Email: _____
Emergency Contact: _____
Health Insurance: _____ Education: _____
Employment Status: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Transportation: _____
Homeless: Yes No
Justice Involved: Yes No **(All clients must have been or are currently justice involved individuals.)**

Medical Conditions:

JA CORES Services

Please list the services that the client needs.

- Needs SS Card
- Needs Birth Certificate
- Apply for EBT
- Assistance with RI Housing List
- Employment (resume building, Job Match/job search)
- Mental Health Counseling
- Assistance with State Insurance
- Other

