



Helio Health ESSHI Referral Form Empire State Supportive Housing Initiative

Applicants Must Be Diagnosed with Substance Use Disorder
Please include diagnosis verification with referral

Date: _____
Referral Agency Name: _____
Agency Contact/Title: _____
E-Mail: _____
Phone: _____
Agency Address: _____

Applicant Name: _____
Applicant Address: _____
Applicant Phone: _____

PLEASE HAVE APPLICANT BRING THE FOLLOWING TO THEIR APPOINTMENT:

- Photo ID
- Social Security Card

Agency Contact: _____
Agency Contact Signature: _____
Date: _____

Submit Referrals to: SH_Bing-Referrals@helio.health

If you have any questions, please contact Kelly Sullivan (Team Lead) at 607.427.2109