

Whitted Human Services Center  
 300 West Tryon Street  
 Hillsborough, NC 27278  
 Fax: (919) 287-2828



Tiffany Bullard  
 Reentry Council Case Manager  
 Office: (919) 245-2065  
 tbullard@orangecountync.gov

**Orange County Local Reentry Council**

**REFERRAL FORM**

*This form is to be completed by the referral source*

Client's Name					Primary Phone #				
DOB		Gender		County		Email			
Address					City		Zip		
Other Contact Info									

**REASON(S) FOR REFERRAL**

**REENTRY NEEDS**

<input type="checkbox"/> Employment	Comments	
<input type="checkbox"/> Education/Job Training	Comments	
<input type="checkbox"/> Health/Medical	Comments	
<input type="checkbox"/> Housing	Comments	
<input type="checkbox"/> Transportation	Comments	
<input type="checkbox"/> Childcare	Comments	
<input type="checkbox"/> Grief/Trauma	Comments	
<input type="checkbox"/> Legal	Comments	
<input type="checkbox"/> Other	Comments	

**REFERRAL SOURCE** *(Please fax or email this form to the LRC Case Manager)*

Name of Person Making Referral					Title and/or Agency				
Phone #		Email				Date of Referral			

**OUTCOME OF REFERRAL** *(To be completed by the LRC Case Manager)*