



CENTRAL SUSQUEHANNA OPPORTUNITES, INC.
COMMUNITY ACTION AGENCY
REFERRAL FORM

Submit to: csoinc@censop.com

Customer Information:

Name: _____

Phone: _____

Date of Birth: _____

Reasons for referral: (explain reasons for referring the case with any supporting notes if available).

Services Requested:

- _____ Housing/Shelter
- _____ Public Assistance Benefits (Cash Assistance, SNAP)
- _____ Food Security/Nutrition
- _____ Utility Assistance
- _____ Transportation
- _____ Employment assistance
- _____ Other: _____

Referred By:

Agency: _____

Name: _____

Phone Number and/or Email: _____

Date of Referral: _____

***** IF APPLICANT IS HOMELESS, PLEASE EMAIL THIS FORM AND ALSO CONTACT OUR OFFICE DIRECTLY*****

PHONE NUMBER: (570) 644-6575 OPTION 0

