



**CENTRAL SUSQUEHANNA OPPORTUNITES, INC.**  
COMMUNITY ACTION AGENCY  
REFERRAL FORM

**Submit to: [csoinc@censop.com](mailto: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**

