



# Support Crisis Stabilization Center Referral Form

SCSC is a 24/7 community support where adults or families of all ages can quickly connect with peers, nurses and mental health professionals. Individuals experiencing a mental health or substance use crisis receive up to 24 hours of onsite support and resources. Guests are not at imminent risk to themselves or others.

### Potential Guest Information

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
 Gender: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Race: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Employment Status: \_\_\_\_\_ Insurance name: \_\_\_\_\_  
 Education Level: \_\_\_\_\_ Insurance ID number: \_\_\_\_\_

Emergency Contact Name/ Phone: \_\_\_\_\_

Return Address: \_\_\_\_\_

Medical/ Psychiatric Diagnosis	Prescribed Medications

### Current Crisis

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Additional Needs (check all that applies)

- Mental Health support
- Substance Use support
- Peer support
- Employment
- Housing/ Shelter support
- Community resources
- Food/ Pantry resources
- Health/ Physical Care
- Insurance/ entitlements
- Youth/ infant resources

### Provider Information (skip if self-referred)

Name: \_\_\_\_\_ Organization: \_\_\_\_\_  
 Title: \_\_\_\_\_ License no. (if applicable): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Badge no. (EMS/ NYPD): \_\_\_\_\_  
 Email: \_\_\_\_\_



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