

AGENCY USE ONLY:

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\_\_\_\_\_

**ESSEX COUNTY**

**TIER II REFERRAL  
IDENTIFICATION OF  
INTERAGENCY BARRIERS**



**I.) REFERRAL SOURCE INFORMATION**

A.) AGENCY: \_\_\_\_\_ B.) DATE: \_\_\_\_\_  
C.) CONTACT PERSON: \_\_\_\_\_ D.) TEL: \_\_\_\_\_

II.) **BARRIER IDENTIFIED:** Please provide a brief, concise and specific description of the barrier or problem affecting the delivery of services to clients. If attachments are necessary, please check here. \_\_\_\_\_

a.) Description of problem/barrier: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.) List all agencies involved in situation:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_  
3.) \_\_\_\_\_ 4.) \_\_\_\_\_

c.) Cite specific regulation, law, ruling, procedure, policy, etc. that prohibits/restricts the delivery of services desired. (Example: See Sec. 792(2)(a) Family Court Act which states...; or Department of Social Services Administrative Memorandum No. 93-104, which states ...).

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

**PLEASE FORWARD TO APPROPRIATE TIER II REPRESENTATIVE**

III.) **EFFORTS ALREADY MADE TO RESOLVE ISSUE:** Please describe efforts made to resolve issue, including names, titles, agencies contacted, dates of contact and results of efforts.

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IV.) **RELIEF SOUGHT:** Please state clearly the specific results that you would like to see occur.

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V.) **OTHER RELEVANT INFORMATION:**

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**PLEASE FORWARD TO APPROPRIATE TIER II REPRESENTATIVE**