

**Instructions for Completing the  
Universal Referral Form for  
Adult Care Management and Residential Services  
Adult Single Point of Access (SPOA)  
Clinton County, NY**

**When to use this form**

If you would like an adult (age 18 and older) to receive the following intensive mental health services in Clinton County, you must complete this form.

- ◆ Health Home Care Management
- ◆ Residential Services (Community Residence or Apartment Treatment Program)
- ◆ Supportive Housing Services

**What to do**

**For Residential services**

Please include a recent mental health evaluation along with the application

Send the original completed form to: Behavioral Health Services North, Inc.  
Director of Housing  
Elizabeth Carpenter  
22 US Oval, Suite 100, Plattsburgh NY 12903  
518-324-4555

To expedite the referral, FAX it to:

It is also helpful to call the  
Director of Housing to discuss the referral. Tel. 518-324-4606 –Email: [lcarpenter@bhsn.org](mailto:lcarpenter@bhsn.org)

**For Supportive Housing services**

Send the Original completed form to: Behavioral Health Services North, Inc.  
Director of Housing  
Elizabeth Carpenter  
22 US Oval, Suite 100, Plattsburgh NY 12903  
518-324-4555

To expedite the referral, FAX it to:

It is also helpful to call the Coordinator  
of Supportive Housing to discuss the referral. 518-324-4606– Email: [lcarpenter@bhsn.org](mailto:lcarpenter@bhsn.org)

**For Care Management services**

Send the original completed form to: Behavioral Health Services North, Inc.  
Health Home Care Coordination Program Director  
Mary Baker  
2155 State Route 22B, Morrisonville, NY 12962

To expedite the referral, FAX it to:

It is also helpful to call the Director  
of Care Coordinator to discuss the referral. 518-324-5640  
Tel. 518-563-8000 - Email: [mbaker@bhsn.org](mailto:mbaker@bhsn.org)

**How decisions are made**

The decision about what services will be offered is made at a meeting of the Single Point of Access (SPOA) committee. The committee finds it helpful for the person making the referral to appear before the committee to advocate for the client and answer any questions the committee may have about the referral. Please contact the SPOA Coordinator to discuss the referral further and to make arrangements to appear before the SPOA committee.

**Questions? Contact**

SPOA Coordinator  
Clinton County Mental Health Clinic  
130 Arizona Ave., Suite 1500  
Plattsburgh, NY 12903

Tel. 518-565-4023  
Fax 518-566-0168  
Email: [lori.jamil@clintoncountygov.com](mailto:lori.jamil@clintoncountygov.com)