



Columbia County

Department of Human Services

Community Services Board – Local Governmental Unit

Administrative Office

325 Columbia Street · Suite 300 · Hudson, New York 12534 · (518) 828-9446 · Fax (518) 822-8096

Daniel S. Almasi, LCSW-R

Director of Community Services

Flex Funds Referral Form

Please fax all completed referrals to 518-828-9450 or

Email to Opiate.Flexfund@columbiacountyny.com

Questions? Please call 518-828-9446 & ask for the assigned Flex Fund Care Coordinator of the day.

Name: _____

DOB: _____

Sex: _____

Address: _____

Phone Number: _____

Applicant's Signature (Required): _____

Signature Date: _____

Referral's phone number: _____

Referral's email address: _____

Referral's Signature: _____

Enrolled in CCMHC Care Coordination? _____ (If yes, CM & Supervisor Signature Required Prior to Submission)

Please attest for eligibility criteria by checking appropriate box

SUD: ☐

SUD Impacted: ☐

Client needs (check all that apply)

- ☐ Food
- ☐ Clothing
- ☐ Personal Care
- ☐ Family Needs
- ☐ Legal
- ☐ Housing
- ☐ Transportation
- ☐ Other

***Is there supporting
documentation
attached to this
referral?***



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Dollar Amount Requested? _____

Has the service of flex funds been used before? _____

What other community resources have you explored? _____

Are other agencies able to assist with this need? _____

How can this transaction be completed? Credit Card _____ Money Order _____ Gift card _____

Is there an account # associated with this need? _____

Request Details / Comments: please provide as much information as possible:

Space below to be filled out by staff only

Time Start: _____

Time End: _____

Care Coordinator's Signature: _____

Care Coordinators Supervisor's Signature: _____

Staff Signature for Approval: _____

Approved Date: _____

Final Disposition:

Transaction completed via: cash amt. _____ credit card amt. _____ gift card amt. _____

Staff signature and final date transaction complete: _____