



Project Blue and Empower Youth Offices:
1001 East Delavan Ave #22, Buffalo, NY 14215
(716) 856-6131
Fax: 716-210-6166

www.PeaceprintsWNY.org

Project Blue Referral Form

Client Name: _____ Phone: _____ DOB: _____

Referral Date: _____ Referral Type (community/in-custody): _____

Referral Contact Name: _____

Referral Contact Number: _____ # times incarcerated: _____

Explain criminal history/current justice involvement:

Client Status: Pre-Trial Sentenced Probation Parole

Court Dates: _____

What is your current living situation?

Medical Concerns: Yes or No

Are you being treated for mental health? Yes or No

Are you being treated for substance use? Yes or No

If not, is the client interested: _____

Other requested assistance/helpful information:

Active Orders of Protection:

Emergency Contact: _____ Phone: _____ Relation: _____

Please email referral forms to Project Blue at PB@peaceprintswny.org

Questions can be directed to: (716) 449-5450 for Erie County, or (716) 365-9747 for
Niagara County



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Address: _____ Alternate Phone: _____

Attorney Contact: _____ Phone: _____ Firm: _____

Email: _____

Client Signature (optional): _____ Date: _____

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