



Saratoga County Single Point of Access SPOA Referral Form for Law Enforcement

135 South Broadway
Saratoga Springs, New York 12866
Email: abronzene@saratogacountyny.gov
Telephone: (518) 584-9030 x. 1660
Fax: (518) 581-1709

Client Information

Name:	Gender:	Date of Birth:	Phone:	
Home Address:	City:		State:	Zip Code:

Parent or Guardian if minor child:

Eligibility

Medicaid Eligible: Yes No Unknown

Documented history of Mental Health Disorder: Yes No Unknown

Documented history of Substance Use Disorder: Yes No Unknown

Documented history of two Chronic Medical Conditions: Yes No Unknown

I understand that by signing form that I am voluntarily requesting access to mental health support services.

Applicant Signature: _____ Date: _____

Parent or Guardian signature if minor child: _____ Date: _____

Additional Comments