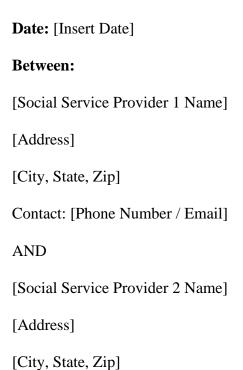
Referral Agreement



1. Purpose

This agreement outlines the referral process between the aforementioned social service providers in order to better serve clients and enhance community resources.

2. Referral Process

Contact: [Phone Number / Email]

Provider 1 agrees to refer clients to Provider 2 for the following services: [List Services].

Provider 2 agrees to accept referrals from Provider 1 and provide services as outlined in this agreement.

3. Confidentiality

Both parties agree to maintain the confidentiality of client information in accordance with applicable laws and regulations.

4. Duration

This agreement will commence on [Start Date] and will remain in effect until [End Date], unless terminated by either party with [Number of Days] notice.

5. Signatures

By signing below, both parties agree to the terms outlined in this Referral Agreeme	nt.
[Name, Title] - Social Service Provider 1	
Date:	
[Name, Title] - Social Service Provider 2	
Date:	