

# Referral Agreement

**Date:** [Insert Date]

**Between:**

[Social Service Provider 1 Name]

[Address]

[City, State, Zip]

Contact: [Phone Number / Email]

AND

[Social Service Provider 2 Name]

[Address]

[City, State, Zip]

Contact: [Phone Number / Email]

## 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

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 Agreement.

\_\_\_\_\_

[Name, Title] - Social Service Provider 1

Date: \_\_\_\_\_

\_\_\_\_\_

[Name, Title] - Social Service Provider 2

Date: \_\_\_\_\_