



## RECOMMENDATION FOR COSAC REFERRAL LISTS\*

Please fill out as much information as available to recommend a professional to appear on one of our referral lists  
**\*If you are a professional referring your own agency, please include two written parent recommendations with your form.**  
All responses can be faxed to the attention of Amy Perrine at (609) 883-5509 or mailed to the address below.

THANK YOU FOR YOUR RECOMENDATION!

Name of Agency/Practice/Professional: \_\_\_\_\_

Practice's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail and/or Web Address: (if applicable) \_\_\_\_\_

Counties Served: \_\_\_\_\_

Services Provided : \_\_\_\_\_

Person Recommending (Name & Phone): \_\_\_\_\_

Reason for Recommendation: \_\_\_\_\_

### Examples of COSAC Referral Lists

The following is a **sample** of referral lists that COSAC maintains. Please feel free to refer other professionals who may not fit into one of the categories listed below!

Diagnostic Services	Pediatricians	Dentists	Lawyers	Speech/OT/PT
Support Groups	Summer Camps	Respite	Schools	ABA Providers
Psych/SW/Counselors	Social Skills Training	Medical Professionals	Recreation	Haircutters/salons

The New Jersey Center for Outreach and Services for the Autism Community, Inc.

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