

ADDICTIONS

Amity Club – Amity Association of Buffalo
340 Military Road
Buffalo, NY 14207
(716) 877-9025
Serving: Erie County.

Cazenovia Manor – Cazenovia Recovery Systems
486 North Legion Drive
Buffalo, NY 14210
(716) 822-8932 | www.cazenoviarecovery.org
Serving: WNY.

Chemical Dependency Services – Mid-Erie
1526 S. Walden Avenue, Suite 400
Cheektowaga, NY 14225
(716) 895-6700 | www.mid-erie.org
Serving: Erie County.

Downtown Alcoholism Clinic – ECMC
1280 Main Street
Buffalo, NY 14209
(716) 883-4517 | www.ecmc.edu
Serving: Erie County.

Horizon Health
Addictions Outpatient Treatment Program
(716) 831-1800 | www.horizon-health.org
Serving: Erie County and Niagara County (13 offices located throughout)

Kaleida Health Addictions Clinic
1010 Main Street
Buffalo, NY 14202
(716) 859-4772
Providing outpatient chemical dependency services to individuals 18+

Lancaster Outpatient Chemical Dependency Program
5087 Broadway
Depew, NY 14043
(716) 748-4930 | www.kaleidahealth.org
Serving: Lancaster, Depew, Cheektowaga, Alden, West Seneca.

Monsignor Carr Chemical Dependency Treatment Program
76 West Humboldt Parkway
Buffalo, NY 14214
(716) 895-7715 | www.ccwny.org
Serving: WNY.

Nar Anon
Buffalo, NY 14224
(716) 875-0548 | www.nar-anon.org
Serving: WNY.

Narcotics Anonymous WNY
701 Seneca Street, Suite 203
Buffalo, NY 14207
(716) 878-2316 | www.nawnylorg
Serving: Chautauqua, Erie, Niagara, and Orleans Counties.

New Life Residential Center Inc.
24 Memorial Drive
Buffalo, NY 14206
(716) 854-0944
Serving: WNY.

OASAS (Office of Alcoholism and Substance Abuse Services)
Provider Directory Search Prevention and Treatment Providers
295 Main Street, Suite 577
Buffalo, New York 14203
(716) 847-3037 | <http://www.oasas.ny.gov/providerDirectory/index.cfm>
Serving: WNY.

Pathways Treatment Program – Sisters of Charity Hospital
158 Holden
Buffalo, NY 14214
(716) 862-1330
Serving: Erie County.

Salvation Army Adult Rehabilitation Center – Salvation Army
1080 Military Road
Kenmore, NY 14217
(800) 728-7825 | www.buffaosalvationarmy.org
Serving: WNY.

Secular Organizations for Sobriety – Save Our Selves NY
PO Box 664
Amherst NY 14226-0664
(716) 636-4869 | www.sos-nys.org
Serving: NYS including WNY.

STAR Program – Amherst – Sisters of Charity Hospital
3730 Sheridan Drive
Amherst, NY 14226
(716) 862-2059
Serving: Erie County.

Stutzman Addiction Treatment Center
360 Forest Avenue
Buffalo, NY 14213-1215
(716) 882-4906 | www.oasas.ny.gov
Serving: Erie, Niagara, Allegany, Cattaraugus & Chautauqua Counties (for Native Americans, entire state).

**Refer-to-Quit
Referral Form**

Patient stamp, label, OR info (name, record number, DOB, date):

Fax form to: 1-866-QUIT-FAX (1-866-784-8329)

Step-by-Step:

- If a tobacco user would like help from the Quitline, complete form.
- Fax completed form to 1-866-784-8329.
- A Quitline Quit Coach will contact the tobacco user and offer free cessation services. A progress report will be sent to the provider listed on this form.
- The Quitline program is a free service for all New York State residents regardless of insurance status.

Code:
Special Programs Only

Tobacco Users: Complete This Section

(Please print)

First Name _____ Last Name _____ Date of Birth _____ / _____ / _____

Mailing Address _____ City _____ State _____ Zip Code _____

Male Female Gender () _____ - _____ Primary Phone (area code + number) () _____ - _____ Secondary Phone (Area code + number)

E-mail Address: _____

When should we call? Morning Afternoon Evening No preference May we leave a message? Yes No

Language Preference: English Spanish Other (specify) _____

I (undersigned) give permission for the support staff of the New York State Smokers' Quitline to contact me, coach me in quitting smoking, and give feedback regarding my progress to the health care provider listed below and permission for that provider to forward the information to other relevant health care providers.

Required Tobacco User's Signature (or agent if authorization was verbal) _____ Date _____

Health Providers/Employer/Other: Complete This Section

Referrer: _____ () _____ - _____ Phone number

Facility: _____ () _____ - _____ Fax number

Address: _____ City _____ State _____ Zip _____

E-mail address: _____

SEND PROGRESS REPORT VIA SECURED: Secured Site Access E-mail (Secured Attachment)
 Fax (Provider Secured) DO NOT SEND PROGRESS REPORT

If a selection is not indicated, no progress reports will be made available.

Send feedback report to:

Same as above or _____ () _____ - _____ Name Phone number

Facility _____ () _____ - _____ Fax number

E-mail address: _____

PEDIATRICS ONLY: Tobacco Users' relationship to child: Mother Father Other (specify) _____
Child/Children's name: (to help with recordkeeping) _____

Information provided by: