



The Door of Hope

P.O. Box 12866

Rochester, NY 14612

(585)-434-2449

The Door of Hope Referral Process

A referral is required from the appropriate community provider, social service agency, or housing program. The referral packet should include the following information:

Psych social Evaluation

Most recent Medical and PPD

Recent Covid-19 Checklist/Symptom Free List

Income Verification (if on DHS include case number)

Diagnoses and listing of medications

If in Recovery, length of time, treatment program enrolled in, and sobriety date

Please provide any additional information that would indicate why this individual would benefit from our services.

If considered for admission, an intake interview will be required.

Please request an application packet by emailing Director@thedoorofhope.us or phone to 585-434-2449. Please call prior to faxing any documentation.

Thank you,

Residential Director