**Adult Services Referral**

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| **REFERRAL SOURCE** |
| **Referring worker:** |  |
| **Agency:** |  |
| **Address:** |  |
| **Email Address:** |  |
| **Phone #:** |  |
| **Fax #:** |  |
| **Date of Referral:** |  |

**Timeline for services**

[ ]  **Urgent-person needs services ASAP** [ ]  **Less Urgent-1-6 months** [ ]  **Not urgent-6 months +**

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| **Person being Referred** |
| **Name:** |  |
| **Address:** |  |
| **Postal Code:** |  |
| **Phone #:** |  |
| **Date of Birth:** |  |
|  **Gender:** | [ ] Male [ ] Female [ ] Transgender [ ]  Non-Binary |
| **Support Budget Level (1-7)** |  Choose an item.  |
| **Has funding been confirmed**  |  Choose an item. |
| **LEGAL STATUS** |
| [ ] Independent | [ ] SDM PGT [ ] Personal Care [ ] Property |
| [ ] SDM – Other | [ ] Order of Supervision |
| [ ] Other please specify:  |

**CHECK ALL THAT APPLY**

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| **Residential Referral**[ ] **Adult Home Share** [ ] **Shift Staffed Homes**[ ] **Regional Services** | **Supported Living and Housing**[ ] **Supported Independent Living**[ ] **Cluster Housing**[ ] **Regional Services** | **Individualized Community Resources**[ ] **Adult Family Support**[ ] **Adult Day Service**Choose an item.[ ] **Supported Employment** |

 [ ] **I am unsure of what service area to select.**

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| Please give a brief description of the person, their needs (include accessibility and personal care needs) and current situation. What services is the person looking for from New Directions?  |
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**Thank you for your referral to New Directions Adult Services. You will be contacted by a staff person to gather more information within 2 weeks of receipt of the referral form.**