

Western Resources for Independent Living  
REFERRAL INFORMATION

Time called: \_\_\_\_\_ Contact Type: \_\_\_\_\_

Call ended: \_\_\_\_\_ Received Services in the Past: Yes \_\_\_ No \_\_\_

Name: \_\_\_\_\_ Gender: *M* or *F*

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ 2<sup>nd</sup> Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Disability: \_\_\_\_\_

Present Living Situation: \_\_\_\_\_

Background Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WRIL Services that may be beneficial:

\_\_\_\_\_ Information & Referral Services

\_\_\_\_\_ Communication Services

\_\_\_\_\_ IL Skills Training

\_\_\_\_\_ Transportation Services

\_\_\_\_\_ Peer Counseling

\_\_\_\_\_ Employment Services

\_\_\_\_\_ Individual & Systems Advocacy

\_\_\_\_\_ Mobility Training Services

\_\_\_\_\_ Housing

\_\_\_\_\_ Recreational Services

\_\_\_\_\_ Home Modification

\_\_\_\_\_ Youth Transition Services

\_\_\_\_\_ Assistive Technology

\_\_\_\_\_ Other Services

**WRIL OFFICE USE ONLY:**

Date put in NetCIL: \_\_\_\_\_

Mailed out Brochure: Yes \_\_\_ No \_\_\_

Date of Referral: \_\_\_\_\_

Taken by Whom: \_\_\_\_\_

Assigned to: \_\_\_\_\_

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

Date of First Contact: \_\_\_\_\_

Intake Scheduled: \_\_\_\_\_