



One Day at a Time

100 Fuller St. S. Suite #135
Shakopee, MN 55379
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Independent Living

Lifetime Skills

In Home Services Referral Form

Date: _____

Person Served Name: _____

DOB: _____

PMI: _____

Diagnosis: _____

Address: _____

Phone: _____

County: _____

What Services are needed?

- ILS- Independent living skills training**
- IHS- Individualized Home Supports**
- SILS- Semi Independent living Skills**
- PS- Personal Supports**
- INFS- In Home Family Supports**
- SLS Adults- Supportive Living Services Adults**

Please email referral to dwindish@odaatinc.org or fax at 952-225-4221

Please remember we serve the entire state of Minnesota!!!

Thank you for your Referral!!