



CONTACT CENTER STUDENT REFERRAL APPLICATION

PLEASE COMPLETE FORM. IF NOT FULLY COMPLETED, WITH REQUIRED REPORTS AND COPIES ATTACHED, INTAKE WILL BE DELAYED.

1. Name _____
2. SS# _____
3. Street _____ City _____ State _____ Zip Code _____
4. Telephone _____
5. Date of Birth _____
6. Living Arrangement: Parent(s) _____ Guardian _____ Group Home _____ Independent _____
7. Is individual his/her own legal guardian? Yes ___ No ___ (If no, complete a – f)
 - a. Legal Guardian's Name _____
 - b. Relationship to Individual _____
 - c. Telephone _____
 - d. Street _____ City _____ State _____ Zip Code _____
 - e. Type of Guardianship _____
 - f. Emergency Contact Person _____ Telephone _____
8. Financial Resources: SSI \$ _____ SS \$ _____ AFC \$ _____ SDI \$ _____ Include copy of Medicaid card
9. Medical Information:
 - a. Date of last physical exam _____ (Attach copy—should be less than 1 year old, if possible)
 - b. List all known allergies _____
 - c. Hepatitis Status _____ Last testing date _____
 - d. Current Medications: Name (including milligrams) Amount Frequency (exact times, i.e., 8:30 a.m.)

 - e. Does individual wear: Glasses – yes ___ no ___ Hearing Aid – yes ___ no ___
 - f. Does individual use adaptive equipment: yes ___ no ___ If yes, describe equipment and use (include wheelchairs, helmets, etc.)
 - g. Describe medical problems, physical disabilities and physical limitations (include sensitivity to drafts, restrictions or activities, etc.)
 - h. Doctor's name, address and telephone

10. Evaluations:

- a. Referring Diagnosis: Primary _____ Secondary _____
b. Date of last psychological eval (if applicable) _____ Attach other evaluations done in the past 12 months

11. Education:

- a. Special Education: yes ___ no ___ If yes, number of years _____
b. Graduated: yes ___ no ___ High School: yes ___ no ___ Special Education: yes ___ no ___

12. Transportation:

- a. Own transportation: yes ___ no ___
b. Group home: yes ___ no ___
c. Public transit: yes ___ no ___
d. Other _____

13. Describe client's special interests/hobbies/preferences

14. Describe abilities and strengths

15. Possible areas of need or improvement, i.e. typing, computer basics

16. Other information, i.e. employment history

Referral Contact Person _____ Title _____
Agency _____ Telephone _____
Street _____ City _____ State _____ Zip Code _____
Date _____

PLEASE NOTE: IF AVAILABLE LEGIBLE COPIES OF THE FOLLOWING SHOULD BE SUBMITTED:

Physical examination _____ Psychological evaluation _____

"All tuition and fees paid by the applicant shall be refunded if the applicant is rejected by the school before enrollment. An applicant fee of not more than \$25.00 may be retained by the school if the applicant is denied. All tuition and fees paid by the applicant shall be refunded if requested within three business days after signing a contract with the school. All refunds shall be returned within 30 days."