



**Life Skills One on One Referral Information**

**Referral Source**

Agency       Parent/Guardian       Other \_\_\_\_\_

Person of Contact : \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Mobile: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for referral?**

Explore Military Track

Explore Higher Learning Track

Explore Basic Employment Track

Explore General Support for Housing, budgeting, and basic needs Track

Applicant : \_\_\_\_\_

                                Last Name                      First Name                      Middle Initial

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

                                City    State                      Zip

Phone (Home) \_\_\_\_\_ (Work or Cell) \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Sex: Male or Female

Is the Individual currently enrolled in school? Yes  No .

Name of Current or last school attended? \_\_\_\_\_

Current Grade Level? \_\_\_\_\_ or last known Grade? \_\_\_\_\_

Do the individual have an IEP? \_\_\_ If yes for;  Behaviors,  Academics or  Both

**You can fax referral to Unique Alternatives Inc. @ 980-202-3362  
Or email to [uniquealternativesinc@gmail.com](mailto:uniquealternativesinc@gmail.com)**