



Independent Living Life Skills One on One Referral Information

Client: _____
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 Grade known to attend? _____

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

Is the individual currently enrolled in any other educational and/or therapeutic treatment program(s)? Yes No . If yes, list programs?

1. _____
2. _____
3. _____

Referral Source

Agency Parent/Guardian Other _____

Person: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Ext: _____ Mobile: _____

Fax: _____ Email: _____

You can fax referral to Unique Alternatives Inc. @ 866-849-6893
Or email to uniquealternativesinc@gmail.com