

# Southwestern Center for Independent Living (SWCIL)

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507-532-2221, 800-422-1485  
For MN Relay, Dial 711  
507-532-2222 (FAX)

## INDEPENDENT LIVING SERVICES REFERRAL FORM

### Consumer Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Disability: \_\_\_\_\_  
Email: \_\_\_\_\_  
 Vocational Rehabilitation (VR)  
 Adult Basic Education (ABE)  
Other  County Case Management  
Services  Psychological/Psychiatrist Services  
Receiving:  Other: \_\_\_\_\_

### Release of Information:

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_  
(consumer's name) (referral source)

to release the information on this form to SWCIL. I have been advised that this information will be kept confidential and will be used only to aid SWCIL in assisting me to pursue independent living services and, if appropriate, in the development of my service plan.

\_\_\_\_\_  
Signature of Consumer Date

\_\_\_\_\_  
Signature of Parent/Guardian (if necessary) Date

\_\_\_\_\_  
Signature of Witness (if necessary) Date

### Referral Source:

Agency/School: \_\_\_\_\_  
Contact Person & Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Referral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

