

Southwestern Center for Independent Living (SWCIL)

109 S. 5th Street, #700
Marshall, MN 56258
E-mail: swcil@swcil.com

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

CDCS SUPPORT PLANNING REFERRAL FORM

Consumer Information:

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
_____ Disability: _____

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: _____

Referral Signature: _____ Date: _____

On the back please provide information about the individual to assist SWCIL staff in delivering services (i.e. – areas of need, information about the disability and living situation, employment status, best time to contact, etc.). Please be as specific as possible.

Fax, mail or e-mail completed form to SWCIL using the contact information listed above.

This form is available in alternate formats upon request.

9/2010

SWCIL Independent Living Services Referral Form

Serving people with disabilities in southwestern Minnesota
For more information log on to www.swcil.com

