

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)

INDEPENDENT LIVING SERVICES/CDCS REFERRAL FORM

Consumer Information:

Name: _____ Date of Birth: _____
Address: _____ Phone: _____
_____ Disability: _____
Email: _____
Language interpretation needed: ___ Yes ___ No Language requested: _____

Please check mark
Other Services
Already Receiving:

Vocational Rehabilitation (VR)
 Adult Basic Education (ABE)
 County Case Management
 Psychological/Psychiatrist Services
 Other: _____

Release of Information:

I, _____ hereby authorize _____
(consumer's name/parent/guardian 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: _____

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

