

**UKIAH VALLEY ASSOCIATION FOR HABILITATION REFERRAL INFORMATION**

Please check all that apply:

- Mayacama Industries—Bridge Services
- Mayacama Employment Service
- Mayacama Employment Service – Forensic Component
- Mayacama Industries-Customized Employment
- Rural Adult Program / IFTS
- Rural Adult Program /Enhanced Services
- Rural Adult Program / Mobile Day Services
- L.I.F.E. Services
- L.I.F.E. Services– Forensic Component
- L.I.F.E. Services --Customized Employment

To be completed by the referral agent prior to screening.

APPLICANT’S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

REFERRAL AGENCY: \_\_\_\_\_

REASON FOR REFERRAL:

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OUTCOMES EXPECTED:

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HOW LONG HAS YOUR AGENCY BEEN WORKING WITH THE APPLICANT?

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HOW FREQUENT HAVE YOUR CONTACTS WITH THE APPLICANT BEEN IN THE LAST SIX MONTHS?

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WHAT SERVICES HAS YOUR AGENCY PROVIDED?

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**REFERRAL INFORMATION (continued)**

WHAT OTHER AGENCIES ARE INVOLVED WITH THE APPLICANT?

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WHAT IS THE APPLICANT'S CURRENT LIVING SITUATION?

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IS THIS A STABLE SITUATION OR LIKELY TO CHANGE IN THE NEAR FUTURE?

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WHAT IS THE APPLICANT'S FAMILY, CULTURAL AND SOCIAL SITUATION? PLEASE COMMENT ON ANY KNOWN STRENGTHS OR PROBLEM AREAS--IF THEY ARE LIKELY TO AID OR HINDER APPLICANT'S PERFORMANCE IN A WORK SITUATION OR RECEIVING OTHER SERVICES.

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LIST ANY CONVICTIONS. FELONY: \_\_\_\_\_ DATE: \_\_\_\_\_  
MISDEMEANOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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LIST ANY MEDICAL CONSIDERATIONS, ALLERGIES, MEDICATIONS:

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WHAT IS THE APPLICANT'S PRIMARY DISABILITY? \_\_\_\_\_



Revised 11/19