



Easterseals Capital Region & Eastern Connecticut

Adult Day Programs

Referral for Adult Day Services

SERVICES REQUESTED:

- | | |
|--|---|
| <input type="checkbox"/> Day Support Options | <input type="checkbox"/> Group Supported Employment |
| <input type="checkbox"/> Individual Supported Employment | <input type="checkbox"/> Senior Supports |
| <input type="checkbox"/> Individualized Day | <input type="checkbox"/> Personal Supports |

INDIVIDUAL INFORMATION: *(To be completed by the referral source)*

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Male Female Marital Status: _____

Guardian: _____ Phone: _____

Diagnosis: _____

Work History: _____

Education: _____

Other Services currently receiving: _____

Individual's Expectations: _____

Transportation Needed: _____ Yes _____ No

REFERRAL SOURCE INFORMATION:

Referral Source: _____ Phone: _____

Agency: _____ Referral Date: _____

Funding Source: _____

Contact Name: _____ Phone: _____

Referral Source, please provide the following: Release of Information forms, current Individual Plan/School IEP, Level of Need, Behavior Plan/Therapeutic Guidelines, Psychological and any other appropriate supporting documents (i.e. PT, OT, Speech, Dietary, etc.).

Please forward this referral form to the attention of the Program Manager at:

nwalker@escrec.org

or

Mail to:

*Easterseals Capital Region & Eastern Connecticut
24 Stott Avenue
Norwich, CT 06360*

Or

*Easterseals Capital Region and Eastern Connecticut
22 Prestige Park Circle
East Hartford, CT 06108*