

ASSIST! TO INDEPENDENCE

REFERRAL FORM

(Please fill form out completely)

First Name	Middle Initial	Last Name
Mailing Address		Phone:
Gender:	Race:	
M _____ F _____	American Indian/Alaska Native _____ Asian _____ Native Hawaiiin or other Pacific Islander _____ White _____ Unknown/Declined to Respond _____ African American _____	
Services Requesting:		
Advocacy/Legal Services _____ Assistive Technology _____ Children’s Services _____ Communication Services _____ Counseling and related services _____ Mobility Training _____ Personal Assistance Services _____ Preventive Services _____ Recreational Services _____ Therapeutic Treatment _____ Vocational Services _____	Family Services _____ Housing, Home Modification _____ IL Skills Training and Life Skills Training _____ Information and Referral Services _____ Mental Restoration Services _____ Peer Counseling Services _____ Physical Restoration Services _____ Prostheses, Orthotics and other appliances _____ Rehabilitation Technology Services _____ Transportation Services _____ Other _____	
Disability:		
Service Note:		
Referred By:		
Community Health Representative _____ Home Care Concepts _____ Local Chapter House _____ Rehabilitation Services Administration _____ Navajo/Hopi Area Agency on Aging _____ TAOS _____ TCRHCC _____	Department of Developmental Disability _____ Hopi Health Care _____ NNOSERS _____ Senior Center _____ AzTAP _____ TCRHCC Audiology _____ Other _____	
Contact:		
ASSIST! to Independence P.O. Box 4133 Tuba City, AZ 86045 Phone: (928) 283-6261 Fax: (928) 283-6284 www.assistti.org		