Text

Description automatically generatedIcon

Description automatically generated![A picture containing text, indoor, wooden

Description automatically generated]()

**“All Hands on Deck” – Wellness Program**

**Referral Form**

Client Name:

Name of Agency/Entity referral sent to:

Contact Person:

Phone Number:

Date referral made:

Reason for referral:

**I AM ABLE Center for Family Development, Inc. and Lawndale Christian Health Center**

**“All Hands on Deck”-Wellness Program**

**3408 W. Roosevelt Rd.  
Chicago, IL 60624**

**Phone 773-840-8109 or 773-826-2929 ext. 1013**

**Fax 773-826-2964**

[**Email-jalinia@iamablecenter.org**](mailto:Email-jalinia@iamablecenter.org)