



**REFERRAL TO OBTAIN SERVICES**

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**CLIENT INFORMATION:**

**Full Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY):** \_\_\_\_\_

**Medicaid Number:** \_\_\_\_\_

**County of Legal Residence:** \_\_\_\_\_

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**GUARDIAN/LEGAL REPRESENTATIVE INFORMATION (IF APPLICABLE):**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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**DISABILITY INFORMATION:**

**Primary Disability:** \_\_\_\_\_

**Secondary Disability (if applicable):** \_\_\_\_\_

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**EMPLOYMENT HISTORY (ONLY FILL OUT IF SEEKING REFERRAL FOR JOB COACHING OR JOB DEVELOPMENT SERVICES):**

**Previous Work Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LEGAL INFORMATION:**

- **Have you ever been convicted of a felony?**  Yes  No
    - If yes, please explain: \_\_\_\_\_
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**GOALS AND SERVICE NEEDS:**

What specific assistance or services are you seeking from The Spectrum Network?

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
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**REQUESTED SERVICES:** *(Select all that apply)*

- Day Habilitation Services**
  - Employment Services** (e.g., Job Development, Job Coaching)
  - Home-Based Habilitation Services**
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**REFERRAL SOURCE INFORMATION:**

**Referral Source/Agency Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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**SIGNATURES:**

I understand that The Spectrum Network will maintain the confidentiality of my information as required by federal and state laws, including HIPAA. By signing below, I consent to the referral process and the sharing of my information as necessary to determine service eligibility.

**Consumer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Guardian/Legal Representative Signature** (If Applicable): \_\_\_\_\_

**Date:** \_\_\_\_\_

**Referral Source Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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**SUBMITTING THE REFERRAL FORM**

For inquiries about the referral form, please email [info@thespectrumnetwork.org](mailto:info@thespectrumnetwork.org).

Do not send the referral form via email. Please mail the completed form to:

The Spectrum Network  
607 Washington Street, Suite 1  
Decorah, IA 52101