TO MAKE A REFERRAL FOR:

INDEPENDENT LIVING SKILLS SERVICES

1. The referral process starts with a phone call to FamilyWorks at (415) 419-7144.

2. Please fill in the blank spaces on the Request for Services form.

3. Compile the NEW CLIENT CONSUMER information available. Please include as much information as possible. Here are examples:
   a) Recent IPP’s
   b) Most recent Psycho-social assessments
   c) Medical History
   d) Any other recent evaluations

4. Please include a 25 hour Purchase of Service (POS) for Independent Living Skills training to begin our services. The estimate time for the 25 hour POS is four weeks.

5. Please submit POS by email: adriana@familyworks.org

We greatly appreciate your referrals and look forward to working with you.
INDEPENDENT LIVING SKILLS SERVICES
Service Request Form

**Service Code:** 520  
**Vendor #:** HS0906 for SARC  
****H12286 for GGRC, RCEB & NBRC

Please complete both pages  
then email adriana@familyworks.org

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**Consumer’s Information**

Consumer’s Name: ___________________ UCI #: ___________ Date of Birth: __/__/____

First Name     Middle Name initial    Last Name

MM / DD / YYYY

Check all that applies about the disability

☐ Autism  ☐ Cerebral Palsy  ☐ Epilepsy  ☐ Mental Retardation  ☐ Other ____________  IQ: _____

If MR (Mental Retardation) ☐ Borderline  ☐ Mild  ☐ Moderate  ☐ Severe  ☐ Other ____________

Ethnicity: ___________________ Language preferred ☐ English  ☐ Spanish  ☐ Other: ____________

Marital Status: ☐ Married  ☐ Single  ☐ Divorced  ☐ Widowed  ☐ Other ____________

Address: ___________________ City: ____________ State: CA  Zip: _________

Telephone: (___)___-_____  Cell: (___)___-_____  Consumer Lives with:

☐ Partner  ☐ Husband/ Wife  ☐ Independently  ☐ Parents  ☐ Relatives  ☐ is conserved

**Other Persons related to consumer**

Name: ___________________ Relationship: ____________ ☐ Live with consumer Tel: (___)___-_____

Name: ___________________ Relationship: ____________ ☐ Live with consumer Tel: (___)___-_____

Name: ___________________ Relationship: ____________ ☐ Live with consumer Tel: (___)___-_____  

Name: ___________________ Relationship: ____________ ☐ Live with consumer Tel: (___)___-_____  

**Consumer’s Regional Center Information**

Case Manager: ___________________ RC Office: ☐ GGRC  ☐ NBRC  ☐ SARC  ☐ RCEB

Tel: (___)___-_____  Cell: (___)___-_____  Fax: (___)___-_____  E-mail: _______________________

**Consumer’s History**

☐ Domestic Violence  ☐ Substance Abuse  ☐ Child Abuse/Neglect  ☐ Mental Illness

Medical Provider: ___________________ Tel: (___)___-_____  Fax: (___)___-_____  

Doctor/Physician: ___________________ Tel: (___)___-_____  Fax: (___)___-_____  

Mental Health Provider: ___________________ Tel: (___)___-_____  Fax: (___)___-_____  

☐ Therapist  ☐ Counselor  ☐ Psychiatrist: ___________________ Tel: (___)___-_____  

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2 of 5
Confidential Information (cont.)

Other services consumer is currently receiving:

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Agency Name: ___________________ Worker: ___________ Service: _______ Tel: (___)___ - ___

Please indicate skills which consumer wishes to enhance/obtain:

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Comments:

□ Sex Education □ Safety skills □ Transportation Skills
□ Academic growth □ Nutrition □ Personal Finance
□ Emotional Regulation □ Weight □ Employment
□ Social Skills □ Exercise □ Housing
□ Conflict Resolution □ Hygiene Skills □ Community Resources
□ Communication Skills □ Health Maintenance □ Immigration
□ Stress reduction □ Home Management □ Assistance with legal issues
Independent Living Skills Training

Program Goals:

1. To provide quality and productive independent living to adults and children who have developmental disabilities.

2. To increase the consumer’s motivation to enhance their skills and their interaction with their families, work environment and community resources at large.

3. To enhance the consumer’s ability to promote their own conceptual, practical, and social development, including but not limited to:
   a. Providing an appropriate stimulation, recreational and learning environment.
   b. Providing a safe physical and emotional growth environment.
   c. Providing social, and recreational interaction with other adults.
   d. Providing good nutrition, personal hygiene, home, health functional academic and self-management skills.
   e. Providing optimum cognitive and physical capacities.

4. To train the consumer in effective self-management methods, including anger management, stress reduction and conflict resolution skills

5. To assist with the integration of the consumer into community programs; including increasing the consumers’ ability to utilize community physical, emotional, and social support systems in order to foster improved personal development.

Location:

Services take place in the consumer’s residence, other natural environments, community facilities in the area served by the Regional Centers.
Skills assessed, taught, modeled and reinforced during direct services include:

- Identification and awareness of unique temperament traits
- Self-care skills including personal health and hygiene
- Independent recreation and participation in natural environments
- Household Maintenance
- Nutrition: grocery shopping, menu planning, and meal preparation
- Money management skills/budgeting, including check cashing, and purchasing activities
- Use of public transportation in natural environments.
- Self – advocacy, healthy self-assertion skills training
- Emotional Regulation / Stress-Reduction Skills / Conflict resolution
- Utilization of educational system for self-development / vocational goals
- Nurturing/encouraging pro-social behaviors and expanding social support systems
- Utilization of employment training options
- Use of medical, dental services, and other community health resources
- Community resources awareness (police, fire, emergency, mental health, social services etc.)
- Home and community safety