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 fax to: (415) 492-1792 or 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 fax to 415-492-1792 or email adriana@familyworks.org

Confidential

Consumer’s Information

<table>
<thead>
<tr>
<th>Consumer’s Name:</th>
<th>UCI #:</th>
<th>Date of Birth: MM/DD/YYYY</th>
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<tbody>
<tr>
<td>First Name</td>
<td>Middle initial</td>
<td>Last Name</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Live with consumer</th>
<th>Tel: (__<em>)</em> - ______</th>
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<tbody>
<tr>
<td>Name:</td>
<td>Relationship:</td>
<td>Live with consumer</td>
<td>Tel: (__<em>)</em> - ______</td>
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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: (___)_ - ______
Confidential Information (cont.)

Other services consumer is currently receiving:

- [ ] IHSS  - [ ] SLS  - [ ] DP (Day Program)  - [ ] Other______________

<table>
<thead>
<tr>
<th>Agency Name:</th>
<th>Worker:</th>
<th>Service:</th>
<th>Tel:</th>
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Please indicate skills which consumer wishes to enhance/obtain:

- [ ] 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

Comments:
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 that are assessed, taught, modeled and reinforced during direct services include:

- Behavior management/discipline
- Anger management, conflict resolution
- Physical capabilities/use of adaptive equipment and materials
- Emotional cognitive behavioral counseling
- Psycho-sexual skills including birth control, family planning skills, developing and expanding social support systems
- Utilization of educational system for self-development and development of family members
- Nurturing/encouraging pro-social behaviors
- Identification and awareness of unique temperament traits
- Self-care skills including personal health and hygiene
- Independent recreation and participation in natural environments
- Cooking and cleaning.
- 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
- 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