

# UTAH INDEPENDENT LIVING CENTER

Phone (Voice) 801-466-5565 (Video Phone) 801-657-5220

## Agency Referral Form

I AM REFERRING THE BELOW INDIVIDUAL FOR UILC SERVICES:

_____	_____
Consumer Name	Date Referred
_____	_____
Address	Phone Number
_____	_____
City, State, Zip	Email

REFERRED TO: \_\_\_\_\_

UILC Staff Person

REFERRED BY: \_\_\_\_\_

Staff Name

Agency

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Email

REFERRED FOR:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> IL Skills Classes                 | <input type="checkbox"/> IL Skill Training 1-1 | <input type="checkbox"/> Information & Referral |
| <input type="checkbox"/> Loan Equipment                    | <input type="checkbox"/> Advocacy              | <input type="checkbox"/> Peer Support           |
| <input type="checkbox"/> Transition: Youth or Nursing Home | <input type="checkbox"/> Assistive Technology  |   |

OTHER IMPORTANT INFORMATION:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### To Submit Form:

Email to [uilc@uilc.org](mailto:uilc@uilc.org)

Fax to 801-466-2363

Mail to 3445 S. Main St., SLC UT 84115

### UILC Internal Use

When Consumer contacted? \_\_\_\_\_

Informed Referring Individual/Agency of successful contact with Consumer? \_\_\_\_\_