

## **Referral Cover Sheet**

Name of Person:		Date of Referral:
Address:		Service Coordinator:
City/State/Zip:		SC Phone:
Pho	ione (Home/Cell):	SC Email:
Em	nail:	Additional contact person and information (if applicable):
OE	B: UCI:	
	Please check the Progra	am that you're referring to and corresponding boxes that apply
	PA	SSAGE (Passage@southsideunlimited.com)
	Noi	Ratio (1:1, 1:2, 1:3) $\square$ ; Extension (1:1) $\square$
	EMPLOYMENT (Employment@southsideunlimited.	WORK OF ART  (Art@southsideunlimited.com)
Vo	olunteer (unpaid work experience)	COUNTRY CLUB STUDIO (Watt & El Camino)
On the job training (paid work in Recycling)		Painting/Drawing Printmaking Digital Art
Tailored Day Services		SOUTH SAC STUDIO (47 <sup>th</sup> Avenue & 46 <sup>th</sup> Street)
Job Development for Direct Hire		Ceramics  Mixed Media  Textiles
Paid Internship		CLARA STUDIO (24 <sup>th</sup> Street & N Street)
Supported Employment		Music □ Podcast □ Audition for Early Birds □
0.1		AUBURN STUDIO (Lincoln Way)
Otl	her:	Painting/Drawing ☐ Ceramics ☐ Mixed Media ☐
Wł	hat is the reason this person wants to attend	this program?
На	as this individual received services from Sou	thside Unlimited before? (If yes, when?):
Is t	this individual currently participating in any	other programs? (If yes, please list):
	Required Information:	Employment Only (if applicable):
*	-	ogical Assessment D.R. Certification Notice
*	•	ric Report DOR Documentation
*	Social History	itional pertinent information