



Support • Empower • Transform

INDIVIDUALS • FAMILIES • COMMUNITIES

## Referral & Interest Form

Thank you for your interest in Serenity for Life Center, LLC. Please complete the form below so we can best support you or the individual being referred.

### REFERRAL TYPE

☐ New Client Referral ☐ Program Interest / Inquiry ☐ Self-Referral ☐ Parent/Guardian Referral ☐ Agency / Professional Referral

### POTENTIAL CLIENT / INDIVIDUAL INFORMATION

First & Last Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Age

\_\_\_\_\_

Parent/Guardian (if applicable)

\_\_\_\_\_

Phone

\_\_\_\_\_

Email

\_\_\_\_\_

City / State / ZIP

\_\_\_\_\_

Preferred Contact Method

\_\_\_\_\_

Best Time to Contact

\_\_\_\_\_

Gender (optional): \_\_\_\_\_ Preferred Language: \_\_\_\_\_

### PROGRAMS & SERVICES OF INTEREST

#### CHILDREN'S LONG-TERM SUPPORT (CLTS)

☐ CLTS - Mentoring / Skill Building

☐ CLTS - Daily Living Skills

☐ CLTS - Respite

☐ CLTS - Personal Support

☐ CLTS - Community Integration

☐ CLTS - Other / Not Sure

#### SERENITY PROGRAMS & COMMUNITY SERVICES

☐ Diamond & Gem Queens Academy

☐ Transportation Services

☐ Mental Health & Wellness Resources

☐ Basic Needs Pantry

☐ Notary Services

☐ Adult Family Home / Room & Board - Interest List

☐ Community Programs & Events

☐ UNSURE - Please have Serenity for Life Center contact me to help identify the appropriate program or service.

### CLTS INFORMATION

Is the individual currently enrolled in Wisconsin's CLTS Program? ☐ Yes ☐ No ☐ Pending ☐ Unsure

County (if known): \_\_\_\_\_ Support & Service Coordinator: \_\_\_\_\_

Coordinator Phone/Email: \_\_\_\_\_

### REFERRAL INFORMATION

Reason for referral / What support is being requested?

Current needs, goals, or concerns:

Relevant accommodations or accessibility needs (if applicable):

Preferred days/times for services: \_\_\_\_\_ How did you hear about Serenity? \_\_\_\_\_

REFERRING PERSON / AGENCY (IF APPLICABLE)

|       |                       |                          |
|-------|-----------------------|--------------------------|
| Name  | Organization / Agency | Relationship to Client   |
| _____ | _____                 | _____                    |
| Phone | Email                 | Preferred Contact Method |
| _____ | _____                 | _____                    |

AUTHORIZATION & AGREEMENT

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge and authorize Serenity for Life Center, LLC to contact me regarding this referral or program inquiry. Submission of this form does not guarantee program enrollment, eligibility, or service availability.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_