



Blake's House of Independence Center
6468 Highway 92, Ste. 140
678-767-2865
Emergency: 770-634-9994
Fax: 855-413-6890
blakeshouse@outlook.com

Client Referral Form

(For referring partners use)

Referral Guidelines

1. Clients must be 16 years or older and independently take care of all personal needs, i.e., toileting needs, self-feed and self-medicate (if prescribed).
2. Medical and current psychological evaluation preferred.
3. Medical documentation provided that indicates individual has been emotionally and mentally stable for at least 3-6 months prior to referral.

Referring Agency Contact Information

Referral Date: _____ Referring Counselor: _____
Referring Site Name: _____ Referring Site Address: _____
Counselor Email: _____ Main phone No: _____
Direct phone No: _____ Fax No: _____

Client Referral Information

Client Name: _____
Phone: _____
Client Email: _____
Address: _____
City, State, Zip, County: _____
Client Lives With: _____
Relationship: _____



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Parent/Guardian information

Parent/Guardian Contact: _____ Home phone: _____

Check if same address as client (if not, please provide)

Address: _____ Work phone: _____

City, State, Zip, County: _____ Mobile phone: _____

More about the Client

Diagnosed Disabilities (Primary): _____

Diagnosed Disabilities (Secondary): _____

Any Functional Limitations: _____

Vocational Goals: _____

Reason for referral: _____

Education Level (check all that applies): Completed High School, Transition Academy, GED, Vocational Training,
Or SETTS Program.

Explanation of Education: _____



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**REQUESTED SERVICES THROUGH BLAKE'S HOUSE OF INDEPENDENCE CENTER
 (COUNSELORS, PLEASE CHECK ALL THAT APPLY):**

Employment Skills Training:	Job Coaching
Basic Computer Skills Class	Job Readiness Training
Custodial Training	Personal/Social Adjustment Training
General Office Skills	Transportation (Round trip)
Interviewing Techniques Class	Work Adjustment Training
Inventory Stock Training	Work Evaluation
Office Skills Training	Supported Employment (SE)
POS (Point of Service) Software Training For "Square" Retail System	Customized Employment (CE)
Retail Skills Training	Counseling
Shipping/Receiving Preparation	

Referring Counselor's Signature _____

Date Referred: _____

Referring Counselor's Electronic Signature _____
 (If applicable)