



Blake's House of Independence  
7450 Highway 92, Suite 120  
Woodstock, GA 30189  
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 INDEPEDENCE CENTER  
 (COUNSELORS, PLEASE CHECK ALL THAT APPLY):**

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

Referring Counselor's Signature \_\_\_\_\_

Date Referred: \_\_\_\_\_

Referring Counselor's Electronic Signature \_\_\_\_\_  
 (If applicable)