

**Referral Form for Developmental Disabilities**

Individual

Referred: SSN #:

Address: Date of Birth: Gender:

County of Residence:

Phone#1: Can Humanim send mail to address listed?*Yes  No*

# 

Phone#2: If no, mailing address:

##### E-Mail Address:

##### Has individual attended HUMANIM before? Yes No Not Known

## Emergency Contact: Relationship:

## Address:

Phone#1: Phone#2:

**SERVICES REQUESTED (please check below)**

**BALTIMORE CITY HOWARD COUNTY**

**Day Habilitation  Day Habilitation**

**Supported Employment  Supported Employment**

**Community Development Services  Community Development Services**

**Personal Supports  Personal Supports**

**Supported Living  Supported Living**

**Shared Living  Shared Living**

**Community Living Group Home**

**Documentation required before referrals can be processed for Program entry.**

1. **Medical records/evaluations**
2. **Psychological, Psychiatric and/or Neuropsychological Evaluations**
3. **Results of other evaluations as conducted**

# Referred by: Agency:

# Phone: E-mail:

**Date:**

(Revised: 2/21/19)

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[*www.humanim.org*](http://www.humanim.org)