

**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)