

## Supports for Community Living (SCL) Referral Form

| <b>Individual with Brain Injury Information</b> |                                   |
|---|-----------------------------------|
| Surname:  | Given Name(s):                    |
| Date of Birth:                                  | Gender:                           |
| Address:  |                                   |
| City:   | Postal Code:                      |
| Home Phone Number:                              | Alternate Phone Number(s):        |
| Marital Status:                                 |                                   |
| Guardian or Trustee Name:                       | Guardian or Trustee Phone Number: |

| <b>History of Brain Injury</b>   |
|--|
| Date of Incident:  |
| Type of Injury:  |
| Incident Description:  |
| Additional Health Concerns:  |
| If any additional background information is available (e.g. Neuropsych, CAR discharge recommendations, etc.) please attach to the referral |

| <b>Service(s) Required</b>   |
|--|
| <p><b>Please place a check mark beside the service(s) required</b></p> <ul style="list-style-type: none"> <li>• Facilitation and support in developing:           <ul style="list-style-type: none"> <li>○ Problems Solving/Decision Making Abilities</li> <li>○ A Healthy Lifestyle</li> <li>○ Personal Support Networks</li> <li>○ Self-Advocacy Skills</li> </ul> </li> <li>• Promotion of daily living skills including:           <ul style="list-style-type: none"> <li>○ Communication Skills</li> <li>○ Community Awareness</li> <li>○ Use of Transportation</li> <li>○ Household Management</li> <li>○ Money Management</li> <li>○ Menu Planning – Food Purchase</li> <li>○ Safety Issues</li> <li>○ Literacy</li> <li>○ Leisure/Recreational Activity</li> </ul> </li> </ul> |
| Additional services required:  |

| <b>Referral Source</b> |               |
|------------------------|---------------|
| Name:                  | Organization: |
| Contact Number:        | Date:         |

**Please fax completed referral to Michele Brooks at 403-261-8953 or email to:**  
[brooksm@supportedlifestyles.com](mailto:brooksm@supportedlifestyles.com)