

Referring Person's Information

Name: _____

Referring Agency: _____

You're Phone Number & or Work Extension:



**Individual Placement
Support**

Potential Member Information

Name: _____

Address: _____

City, State, Zip code: _____

Phone Number: _____

Foot Print to Success Clubhouse
3511 NW 8th Avenue Suite 7
Pompano Beach, FL 33064
Phone Number: 954-657-8010
Fax Number: 954-657-8046

Eligibility Form

Name: _____

Diagnosis: _____
(If available)

DOB: _____
(Date of birth)

COMMENTS:

Date: _____

Title: _____

Return via fax or mail to the Clubhouse: Maritza Soto, M.S. IPS Supervisor

Please print your name and title and referring agency in the left hand corner box.