

FAX NUMBER: 954-657-8046
WEBSITE: www.footprintsuccess.org

ELIGIBILITY FORM / REFERRAL FORM

Client's Name:

Phone Number:

Date of Birth: ____/____/____

Contact Person: _____

The client identifies gender as: Male ___ Female ___ Transgender ___ Other Prefers not to disclose _____

Marital Status: _____ Children: _____ Language of Choice _____

Name of PERSON AND PHONE NUMBER and AGENCY referring person for (check box)
Clubhouse ___ IPS- Supported Employment ___

Name and title of referring person:

Agency Referral: _____ Agency Phone number: _____

Diagnosis must be a mental illness diagnosis, only; secondary maybe substance abuse):

_____ -

Print Name of Person completing the form:

Signature of Person completing the form:

**If consumer has a psychological evaluation, please submit the form with the eligibility form.
This will help to expedite referral request.**