



Achieve with us.

THE ARC NORTHERN CHESAPEAKE REGION
REFERRAL FOR ADULT SERVICES

1. Consumer Name:
2. Address:
3. Phone #: Best time to reach
4. Diagnosis
 - a. Primary:
 - b. Secondary
5. Reason for Referral:
6. Work History:

7. Desired number of hours:
8. Job Preference:
9. Special Consideration:
 - a. Mobility Needs:
 - b. Medication Supports Needed:
10. Income Information:
 - a. SSI:
 - b. SSDI:

Harford County Office
4513 Philadelphia Road Aberdeen, MD 21001
P: 410-836-7177 F: 410-893-3909

Cecil County Office
106 East Main Street Suite 107 Elkton, MD 21921
P: 410-620-3450 F: 410-620-3453

www.arcncr.org

The Arc NCR empowers people with differing abilities to live, work and play in the community.

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11. Transportation

- a. Current Transportation:
- b. Harford County bus pass for disabled rider:

12. Documentation being sent:

- a. Medical records
- b. Psychological records:
- c. School Records
- d. Assessments
- e. IPE
- f. OTHER

13. Criminal History:

14. DDA Eligible:

15. Please list objective/expectations:

Referring Counselor: _____ Date: _____