

Community Based Habilitation Services Referral Form
Hourly Services/24 Hour Services/Day Habilitation

Penn Center, Inc.

Referral to: 24 Hour Habilitation Services Linn County Area Manchester Area
 Hourly Habilitation Services Linn County Area Manchester Area
 Day Habilitation Linn County Area Manchester Area

Contact: Shelly Hendryx, BA, Program Coordinator, Cedar Rapids/Linn County Area
Phone: 319-294-5236 or shendryx@abbe.org
Susan Herman, RN, BS, Transitional Living Coordinator, Manchester/Delaware Co. Area
Phone: 563-922-2346 or shermann@abbe.org
Rachel Menard, BSW, Program Coordinator, Manchester/Delaware Co. Area
Phone: 563-922-2881 or rmenard@abbe.org

Name _____ DOB _____ SS# _____ - _____ - _____ Phone _____

Address _____
Street city state zip code

County of legal settlement _____ Income Type _____ Income/Benefits amount: _____

Medicaid # _____ Medicare # _____ A B D (circle) Other funding: _____

Treatment Team Members:

Med Prescriber _____	Therapist _____
Case Manager _____	Nurse _____
Vocational _____	Sub Abuse _____
In-Home staff _____	Family Dr _____
Prob Officer _____	Attorney _____
Advocate _____	Natural Support _____
Payee _____	Other _____

Diagnosis: _____

Reason for referral (Assessed Needs/Client Stated Goals): _____

Please Circle Identified Needs:

Develop/Maintain Daily Routine	Access Resources	Crisis Intervention
Transportation	Housing	Illness Education
Case Coordination	Independent Living	Interpersonal Skills
Substance Use (Avoidance/Reduction)	Medication Compliance	Physical Health
Advocacy / Apply for Benefits	Support to Family/Friends	Symptom Mgmt
	Develop Natural Supports	Assist with Legal Issues

Has individual had 2 or more psychiatric hospitalizations in their lifetime? When/Where: _____

Means of transportation: _____ Mental Health Commitment Yes-or-No. If Yes, What County _____

Person making Referral: _____ Phone _____ Date _____

The following information is **needed** in order to process this referral. If available, please attach the following:

_____ Psychiatric Evaluation (with all 5 Axis) _____ Social History _____ List of Current Medications

_____ Copies of any legal papers (i.e. guardianship, commitment, probation...)

_____ Copy of Funding Request submitted (double check with Team Leader if funding is needed at time of referral)