



## Independent Support Services Referral Form (ISS)

Name: \_\_\_\_\_ Referral Date: \_\_\_\_\_

Contact #: \_\_\_\_\_ Referred Person: \_\_\_\_\_

Email: \_\_\_\_\_

Diagnosis:

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Have there been any hospitalizations in the last 12 months? If so, please explain.

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Is the potential client on any Psychotropic Medications currently?  Yes  No  
 Unknown If yes, explain:

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Is the individual medication compliant?  Yes  No  Unknown

If no, explain: \_\_\_\_\_

Does the potential client require assistance with hygiene? (Bathing, dressing.)  Yes  
 No  Unknown

If no, explain: \_\_\_\_\_

What is the individual's income source and amount?

SSI \$ \_\_\_\_\_ SSDI \$ \_\_\_\_\_ SSA \$ \_\_\_\_\_ Private Pay \$ \_\_\_\_\_

Who is currently over potential client's funds? \_\_\_\_\_

Relationship to potential client \_\_\_\_\_

Does the Potential client receive Snap Benefits (food stamps)?  Yes  No  
 Unknown

If yes, what is the amount? Amount: \$ \_\_\_\_\_

Are there any specific living requests? (*City, on the bus line, house/apartment, etc.*)

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*Does the individual use any assistive medical device? (Cane, Walker, wheelchair) if yes, explain.* \_\_\_\_\_

*Is this individual vision or hearing impaired?* \_\_\_ Yes or \_\_\_ No

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Has the Potential Client ever been convicted of any? Criminal offense. If yes, please explain.

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Does this individual have a current or previous history of substance abuse? \_\_\_yes or no\_\_\_

What are the potential clients' Preferred Pronouns? (She/Her/Him/He/They).

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What is the potential client's reason for housing, and how soon would services be needed?

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Does the individual possess any state identification if not is there a birth certificate?

\_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Thank you for choosing Affordable Cares Service. At this time, we will review and reach back to you as expeditiously as we can.

Quality Customized Care