# Referral Form

## Tree of Life Supports & Services, LLC

### Who Is Submitting This Referral?

| | |
|---|---|
| Full Name: | |
| Role (Self / Family / Case Manager / Other): | |
| Organization (if applicable): | |
| Email: | Phone: |
| Preferred Method of Contact: | |

### Individual Needing Support

| | |
|---|---|
| Name (or Initials): | |
| Age: | City/County: |
| Waiver Type: ☐DD ☐SLS ☐CES ☐Other: | |
| Current Living Situation: ☐Family ☐Host Home ☐Group Home ☐Independent | |

### What Support Is Being Requested? (Check all that apply)

| |
|---|
| ☐Host Home ☐Respite ☐Supported Living (SLS) ☐Agency Oversight / Support<br>☐Other: |

### Key Support Needs

| |
|---|
| Mobility Needs: |
| Medical Needs (brief): |
| |
| Behavioral/Emotional Support Needs (brief): |
| |
| Communication Needs: |

### Safety & Supervision

| |
|---|
| Level of Supervision Needed (24/7, Intermittent, Drop-in/Respite): |
| |
| History of elopement, self-harm, or aggression? ☐Yes ☐No |
| If yes, brief description: |

### Timing & Urgency

| |
|---|
| When is support needed? |
| Current placement concern or 'bad day' scenario (brief): |
| |

## Preferences (Optional)

| |
|---|
| Location preference: |
| Pets in the home (Yes/No/Flexible): |
| Gender preference for provider (if any): |
| Accessibility needs (ramps, main-level bedroom, etc.): |

I understand this is not a guarantee of placement and consent to be contacted.

(Initials/Signature):

Date:

This referral helps us understand what you're looking for so we can explore potential matches. Submitting a referral doesn't guarantee placement, but we'll follow up to talk through options.