

Student Transition Referral To ADRC

Student Name _____ D.O.B. _____

Teacher/Counselor _____ Phone #/Ext. _____

Teacher email address _____

Date _____ Anticipated Graduation Date _____

Please check and attach most recent supporting documentation (if available):

_____ Medical History & Physical _____ DVR Referral
_____ Neuropsychological Evaluation _____ Most Recent IQ Score and date
_____ Most Recent IEP/Date of next IEP meeting? _____
_____ Primary Diagnosis _____

Is student receiving Children Long-Term Support or Family Support Services through county human services?

_____ Yes _____ No (if yes, circle which one and provide the name of county social worker/case manager)

_____ Does student need an interpreter? If so, what type? _____

Does student have a childhood Disability Determination? _____ Yes _____ No

Does student need to apply for Adult Disability? _____ Yes _____ No

Brief description of needs/ _____

Primary Contact Information (Parent or Guardian): Has parent guardian given consent to contact ADRC? Y or N

Name _____

Address _____

Phone (s) _____

Best Time To Contact _____

Please send this referral with documents identified above to ADRC Lead worker.

ADRC of Northwest Wisconsin

Email: adrc@polkcountywi.gov

Phone: 877-485-2372

Balsam Lake Office: 100 Polk Co. Plaza, #60 Balsam Lake, WI 54810 **Fax:** 715-500-6504

Siren Office: 7410 Co. Road K, #180 Siren, WI 54872 **Fax:** 715-349-8644

Office Use Only:

Date Received: _____ Received by: _____

Given to: _____
