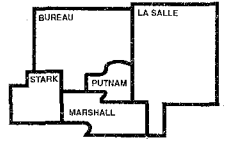




ILLINOIS VALLEY CENTER FOR INDEPENDENT LIVING

18 Gunia Drive, LaSalle, Illinois 61301



Striving to enlighten the path
and enrich the journey
for persons with disabilities...

Community Reintegration Referral Form

Name of resident: _____

Social Security Number: _____

Date of Birth: _____

Disabilities: (list all) _____

Name of nursing facility: _____

How long has resident resided there? _____

I _____ hereby give permission to the nursing facility to exchange the above information with Illinois Valley Center for Independent Living, 18 Gunia Drive, LaSalle, Illinois 61301.

The purpose of releasing this information is to initiate a referral for an evaluation for the Community Reintegration Program.

Signed _____ Date: _____

(Resident's signature)

This form should be faxed to Community Reintegration Program at 815-224-3576

Phone: 815/224-3126 Voice • 815/224-8271 TTY
Toll Free 800/822-3246 Voice & TTY • Fax: 815/224-3576
web address: www.ivcil.com • email: ivcil@ivcil.com



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