



Inner Circle Communities • 1803 Bostwick Road • Columbus Ohio 43327

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Community Based Support Services Referral Form

Client Information

| | | |
|-----------------|----------------------|-------------|
| Name: | Date of Birth | Sex: |
| Address: | Home Phone: | |
| City: | State: | Zip: |

General Assessment of Client (diagnosis and level of functioning):

| Program | Operation | Days/Wk Allocated Per service period | Cost |
|--------------------------|--------------|---|------------|
| Summer Camp | M-F 8-5pm | 10 week summer | \$225/wk |
| Saturday Day Camp | Sat 9-3pm | | \$85/day |
| Drop In Program Full Day | M-F 7-6pm | | \$80/wk |
| After School Program | M-F 2-6pm | | \$75/wk |
| Respite Care | 6d/24hrs | | \$140/day* |
| Hourly 1:1 Rate | Per contract | | \$22.50/hr |

Funding Authorization

| | | | |
|------------------------|------------------------|-------------------------------|------------------|
| Funding Source: | Service Period: | Total \$\$ Allocation: | Approved? |
| Caseworker/CSP: | Date: | Supervisor: | Date: |

Referral Information

| | |
|--------------------------|---------------|
| Referral Contact: | Date: |
| Agency: | Phone: |

Internal Use Only

| | | |
|---------------------|------------------------------|-----------------------------|
| New Client Referral | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Funding Confirmed | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Intake Pkt Complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Inner Circle Communities is dedicated to providing the best possible services through compassion and understanding. We provide our clients with a positive environment that empowers independence, community awareness and opportunities for growth.