



Community Living in Kentucky

| O 270-843-5300 | F 270-843-5383 | www.CLiKgroup.com | email:CLiK@CLiKgroup.com |
| MAIL: 181 W Professional Park Court, Suite 1, Bowling Green, KY, 42104 |

CLiK, LLC Referral Form

Participant's Name: _____ DOB or Age: _____
Parent/Guardian Name: _____
Address: _____
Phone: _____ School: _____

Referring Individual/Agency: _____
(phone): _____ (email): _____ (fax): _____
Date of Referral: _____

Services Requested (please circle one or more):

Behavior Supports Speech Therapy Physical Therapy Occupational Therapy
Mental Health/Counseling Impact Plus

Checklist for Eligibility:

YES NO UNKNOWN

Does participant currently have a medical card?
Does participant currently have other Insurance?
If so, what is the name of insurance company?

Is participant currently on Michelle P. Waiver or SCL Waiver?
If so, who is the support broker/agency providing case management? _____

Diagnosed with developmental disability or intellectual disorder?
If so, what are diagnoses? _____

Is participant currently receiving other services?
Please list: _____



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Behavior Challenges Observed:

- | | |
|---|---|
| <input type="checkbox"/> Verbal/Physical Aggression | <input type="checkbox"/> Self-Injury |
| <input type="checkbox"/> Rigid/Inflexible | <input type="checkbox"/> Elopement |
| <input type="checkbox"/> Defiance | <input type="checkbox"/> Repetitive/Stereotypy/Self-Stimulatory Behaviors |
| <input type="checkbox"/> Skill Deficits | <input type="checkbox"/> Other: _____ |

Medical Concerns/Other Challenges Observed:

Therapist/Behavior Support Specialist Requested: _____

Parent/Guardian Signature: _____