

IMPERIAL COUNTY AGING AND DISABILITY RESOURCE CENTER (ICADRC)
REFERRAL FORM for services. Please complete and fax to **(442)283-5020** or email
kleon@accesstoindpendence.org

Referral Date: _____ Person Making this Referral: _____

Referral Agency: _____ No need to reply/Update

Phone: _____ Fax: _____ Email: _____

CONSUMER INFORMATION

Name: _____ Phone: _____

Age: _____ DOB: _____

Address: _____

City: _____ Zip Code: _____

Tell us about the circumstances of the Individual in need of ADRC Services:

Please describe current medical conditions, services in place, services in progress, or unmet needs:

Client Privacy Statement: This information is stored in a secure electronic database. Your information will not be shared without your permission unless authorized by law or contract. This information will not be sold to anyone. You have the right to review your records and request amendments to ensure accuracy. If you have questions, please ask ADRC staff, call (760)332-3213.