



THE ARC OF SAN ANTONIO, INC.
Community Services Case Management Program
13430 West Avenue
SAN ANTONIO, TX 78216-2005
Telephone (210) 490-4300 *** FAX (210) 490-5196

REFERRAL FORM

NAME: _____ DATE: _____

D.O.B. _____ GENDER: _____

PARENT/GUARDIAN'S NAME: _____

PARENT'S LANGUAGE PREFERENCE: _____

CHILD'S SOCIAL SECURITY #: _____ Medicaid: Yes No

ADDRESS: _____ TELEPHONE #: (H) _____

_____ ALTERNATIVE #: _____

PARENT EMAIL: _____

EDUCATIONAL AND/OR MEDICAL DIAGNOSIS: _____

SCHOOL DISTRICT: _____ SCHOOL: _____

REFERRAL MADE BY: _____

REFERRAL SOURCE TELEPHONE #: _____ Ext. _____ FAX # _____

REASON FOR REFERRAL: _____

COMMENTS: _____

Fax to: Cindy Gonzales – Administrative Assistant – (210) 490-5196 or email: cgonzales@arc-sa.org