



Navajo Nation Office of Special Education & Rehabilitation Services

REFERRAL FORM

Independent Living Services

Name:

Date of Birth:

Mailing Address:

Telephone Number:

Location of Home: (Please provide a description of home-PLEASE draw a map on the back side include mile post or rural numbers).

Reason for Referral: (Please explain the reason(s) you are referring this person for services. What are the types of services is needed by this individual? Include their disability.

Name of Person/Telephone # & Title making the Referral

Date of Referral

Return to:

Navajo Nation Office of Special Education & Rehabilitation Services - OSERS

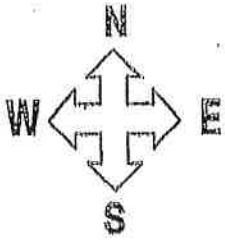
Mail Address: P.O.Box 1969, Shiprock, New Mexico, 87420

Street Address: 2014 San Juan Blvd, Suite C, Farmington, NM 87401

Phone #: (505)278-8940/436-2642

Fax #: (505) 436-2965

Directions to Home (MAP)



Description of Residence:
