

STATE OF CALIFORNIA
INDEPENDENT LIVING SKILLS (ILS) TRAINING REFERRAL FORM

DEPARTMENT OF REHABILITATION

Date of Referral:

Consumer's Name:

Address:

Phone Number:

Service Provider Name & Address:

DOR and E-mail Office Address:

Disabled Students Residence Program
260 Cesar Chavez Student Center, #4250
Berkeley, CA. 94720-4250

Reported Disabilities:

SVRC Signature (use blue ink):

SVRC Name (type or print):

Phone Number:



NOTICE: This is confidential information from the records. State law and regulations prohibit you from making any further disclosure of this information without the informed, written consent of the person to whom this information pertains.

Please conduct training to determine to remove the following barriers to employment and independent living:

1. _____ Personal Care Training (if severely physically disabled)
2. _____ Acquisition and Management of Attendants
3. _____ Financial/Community Resource Management
4. _____ Disability Management
5. _____ Personal/Social Development
6. _____ Employment Readiness (including introduction to UC Cal Transitions Workability IV)
7. _____ ILS Class (weekly, fall semester, presented by program alumni/staff = 2 class credits)
8. _____ Bi-Weekly Workshops, ILS topics, Spring Semester (campus/community resources)
9. _____ Other

Desired outcome of service:

To be submitted to DSRP with referral:

(From DOR) SOD, IPE, Any Pertinent Medical information

(From DSRP Web site) Student Demographic form, Release of Information form, Patient Profiling form, Non-Medical Program form