



## **REFERRAL FORM ADULT ACHIEVEMENT CENTER**

In order to be referred for placement with AAC, the client must:

- Have an open case with a service coordination unit

Once the referral form is complete please fax the referral form and any supporting documentation to:

PWAC attention Program Department  
724-545-2088 (fax)

Please be sure all lines are filled out.

Referral form can also be emailed to:

[info@progressiveworkshop.com](mailto:info@progressiveworkshop.com) or [kimsavoie@progressiveworkshop.com](mailto:kimsavoie@progressiveworkshop.com)



**REFERRAL FORM  
ADULT ACHIEVEMENT CENTER**

**Demographics**

**Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Sex:** (circle one) **Male** or **Female**

**Mother:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Medical Insurance:** \_\_\_\_\_

**Medical Issues that AAC should be aware of:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Known Allergies:** \_\_\_\_\_



**Ability to Complete the Following:** (Please describe level of assistance needed)

Toilet \_\_\_\_\_

Personal Care \_\_\_\_\_

Eat \_\_\_\_\_

Ambulation \_\_\_\_\_

Self Medicate \_\_\_\_\_

**Any Special Accommodations Needed:** \_\_\_\_\_

**Any Behavioral Needs:** \_\_\_\_\_

**Service Coordination Unit:**

**Service Coordinator:**

**Service Coordinator contact information:**

**Reason for referral and any additional information that AAC may need to process this referral:**

**Transportation needed to PWAC?** Yes No (circle one)

**Which days would referred client like to attend?** (Circle all requested days)

Monday Tuesday Wednesday Thursday Friday

