

Living Waters International
Families Restored Equipped & Empowered (F.R.E.E.)
Referral Form
Intensive Community Based Program
911 N. Buffalo Dr. Suite 208
Las Vegas, NV 89128
(702) 834-3884

Client's Name: _____ DOB: _____ Grade Level: _____

Date of Referral: _____ Anticipated Admit Date: _____

Current Address: _____

City: _____ State _____ Zip Code _____

Best Contact #: _____

Medicaid # (if applicable): _____

Reason for referral:

Circle All That Apply: **Basic Skills Training / Psychosocial Rehab / Independent Living**

Program / Individual Therapy / Family Therapy/ Food & Clothing Bank

Legal Guardian: _____ Relationship to Client: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact #: _____ Alternate #: _____

Referring Agency Information

Referring Agency: _____ Case Manager/PO: _____

Case Manager/PO's work #: _____ Cell Phone #: _____

FAX ALL REFERRALS TO: 702-925-4775

www.livingwatersfamily.org