

LINC Information & Referral

Repeat Caller?

Name	Date
Address	Phone
City, State, Zip	Email

R	IP	C	CX	Type of Information	R	IP	C	CX	Type of Information
				Advocacy/Legal,(ADA, Accessibility, Benefits)					Peer Counseling/Support
				Assistive Tech					Personal Assistance (Attendant Program)
				Case Manager/TSC, Cash Assistance, Finance Info, Payee					Physical Restoration
				Children's Services					Preventive Services
				Communication Services					Prostheses, Appliances
				Counseling & Related					Recreation Services
				Family Services (Emergency Resource, Senior Info)					Rehabilitation Tech
				Health Care/Rx					Therapeutic Treatment (Support Groups)
				Housing, Home Mod., Shelter Services					Transportation
				IL Skills & Life Training					Vocational Services (Education, Training, Employment)
				Mental Restoration					Youth Services
				Mobility Training Services					Other:

MANDATORY Follow up on bold issues: DATE:

<p>Contact type: (Circle the appropriate one)</p> <p>PERSON WITH DISABILITY</p> <p style="padding-left: 20px;">Cognitive Mental/emotional Physical Hearing Vision Multiple Disabilities Other</p> <p>IF NOT CONSUMER: Relationship: _____</p>	<p>Referred by: _____</p> <p>Referred to: _____ _____ _____ _____</p>	<p>REMEMBER to ask: Did you get what you need from us? Yes No</p> <p>Would you like to be included in our: Mailing list? ___Yes ___ No</p> <p>Email distribution list? ___Yes ___ No</p>
<p>What type of AT equipment is being requested that we do NOT have? _____ _____ _____ _____ _____</p>	<p>RELATED INFORMATION _____ _____ _____ _____ _____ _____ _____ _____ _____</p>	<p>MATERIALS SENT _____ _____ _____ _____ _____ _____</p>
<p>Staff Initials _____</p> <p>Advocate Referral ___Y ___N</p> <p>CAP Brochure given ___Y ___N</p>		
<p>R = Received IP = In Progress C = Closed CX = Cancelled</p>		