### LINC Information & Referral

**Repeat Caller?** □

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<tr>
<th>Name</th>
<th>Date</th>
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<tr>
<th>Address</th>
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<th>City, State, Zip</th>
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#### Type of Information

<table>
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<tr>
<th>R</th>
<th>IP</th>
<th>C</th>
<th>CX</th>
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- **Advocacy/Legal** (ADA, Accessibility, Benefits)
- **Assistive Tech**
- **Case Manager/TSC, Cash Assistance, Finance Info, Payee**
- **Children’s Services**
- **Communication Services**
- **Counseling & Related**
- **Family Services (Emergency Resource, Senior Info)**
- **Health Care/Rx**
- **Housing, Home Mod., Shelter Services**
- **IL Skills & Life Training**
- **Mental Restoration**
- **Mobility Training Services**

- **Peer Counseling/Support**
- **Personal Assistance (Attendant Program)**
- **Physical Restoration**
- **Preventive Services**
- **Prostheses, Appliances**
- **Recreation Services**
- **Rehabilitation Tech**
- **Therapeutic Treatment (Support Groups)**
- **Transportation**
- **Vocational Services (Education, Training, Employment)**
- **Youth Services**
- **Other:**

#### MANDATORY Follow up on bold issues: DATE:

**Contact type:**
(Circle the appropriate one)

**PERSON WITH DISABILITY**
- Cognitive
- Mental/emotional
- Physical
- Hearing
- Vision
- Multiple Disabilities
- Other

**IF NOT CONSUMER:**
Relationship:

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<tr>
<th>Referred by:</th>
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**REMEMBER to ask:**
Did you get what you need from us?
Yes    No

Would you like to be included in our:
- Mailing list?  Yes  No
- Email distribution list?  Yes  No

**MATERIALS SENT**
- [List of materials]
- [List of materials]
- [List of materials]
- [List of materials]
- [List of materials]

** RELATED INFORMATION**
- [Additional information]
- [Additional information]
- [Additional information]
- [Additional information]
- [Additional information]

**Staff Initials**
- Advocate Referral  Y  N
- CAP Brochure given  Y  N

**R = Received  IP = In Progress  C = Closed  CX = Cancelled**