



West Texas
ADRC

Thank you for your interest in West Texas
Aging & Disability Resource Center (ADRC)!
We look forward to working with you to
help meet your needs!

In order to assist you more efficiently, West Texas
ADRC may need to share the information you
provide with other agencies. Do you consent to
give permission to share this information with
other agencies?

Yes

No



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Individual Referral Form

This form is designed for an individual to request assistance for themselves or a loved one.

Please fill in the blanks were applicable.

Care Recipient						
Last Name:			First Name:			
Address:						
City:		State:		Zip:		
County:		Home Phone:		Alternate Phone:		
Email:						
Date of Birth:			Gender:			
Related Issues: (select all that apply) ✓	Physical Disabilities	<input type="checkbox"/>	Traumatic Brain Injury	<input type="checkbox"/>	No Disability	<input type="checkbox"/>
	Intellectual Disability	<input type="checkbox"/>	Dementia	<input type="checkbox"/>	Unknown	<input type="checkbox"/>
	Mental Illness	<input type="checkbox"/>	Unspecified Disability	<input type="checkbox"/>	Aging Related Issues	<input type="checkbox"/>
Primary Language			Race:			
Monthly Income:			Household Size:			
Veteran?			Homeless?			
Primary Contact						
Last Name:			First Name:			
Home Phone:			Alternate Phone:			
Email:			Preferred Method of Contact:			
Relationship to care recipient: (select all that apply) ✓	Self	<input type="checkbox"/>	Child	<input type="checkbox"/>	Other Family Member	<input type="checkbox"/>
	Sibling	<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	Faith Based Organization	<input type="checkbox"/>
	Spouse	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Legal Guardian	<input type="checkbox"/>
	Parent	<input type="checkbox"/>	Neighbor/Friend	<input type="checkbox"/>	Power of Attorney	<input type="checkbox"/>
Services						
Enter services you are currently receiving:						
Describe any unmet needs:						
Additional Comments:						

Please email referral form to: isabel.yanez@wtcmhmr.org or regina.swafford@wtcmhmr.org

You can also print and fax this form to 432-264-3295