Navajo Nation
Office of Special
Education &
Rehabilitation Services

Independent Living Services Referral Form

(This is **NOT** an application for services)

(Please Print Clearly)

PERSONAL

Name:_____ Date of Birth: _____ Gender: M ❑ or F ❑

Phone Number: _____ Alternate Phone Number: _____

Mailing Address:_____
(P.O. Box or Street) (City) (State) (Zip Code)

Physical Address:_____

***(MAP ON BACK)**

Name of Person Referring: _____ Phone #: _____

☐ Family ☐Chapter ☐ CHR ☐ Hospital ☐Other _____ Date of Referral: _____

REASON FOR REFERRAL:

Please explain the reason(s) for referring this individual for IL servcies. What types of services are needed by this individual? Describe their disability(ies).

_____

_____

_____

_____

_____

Retrun To:

Southern Agency – Office located in Window Rock

❑ Angelina Johnson, RST – angelinajohnson@nndode.org
Mailing Address: P.O Box 1420 Window Rock, AZ 86515
Physical Address: Department of Diné Education 2nd floor Rm #205
Office: (928) 871-6338 / (928) 871-7490 | Fax #: (928) 871-7865

Northern Agency – Office Located in Farmington

❑ Lara Lee, RST – laralee@nndode.org
Mailing Address: P.O Box 1969 Shiprock, NM 87420
Physical Address: 2014 San Juan Blvd, Suite C Farmington, NM 87401
Office: (505) 278-8940 / (505) 436-2642 | Fax #: (505) 436-2965

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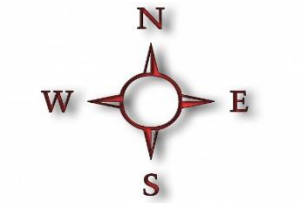
LOCATION OF HOME

Please Provide a description how we can locate this individual. Draw a map below and include mile post markers, rural address, color and type of housing and any other landmarks.



Description of Residence :_____

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