

Referral to the CYA Program



REFERRAL DATE

I, _____, have met with the following individual and family, and they have expressed interest in the Computing for Youth with Autism Program. The individual and family are aware that CYA Program staff will be contacting them for a telephone interview.

Legal name of individual being referred: _____

Social Security Number of individual being referred: _____

Name of parent/guardian: _____

Home address of individual being referred: _____

Phone number of individual being referred: _____

Phone number of parent/guardian: _____

Primary qualifying disability diagnosis: _____

Date of Birth: _____

SSDI Status (Select one): Application Pending Allowed Benefits Denied Benefits Not an Applicant

SSI Status (Select one): Application Pending Allowed Benefits Denied Benefits Not an Applicant

Purpose of Referral:

INDIVIDUAL/AGENCY REFERRING

Name: _____ Title: _____

Agency/Organization: _____

Phone: _____ Email: _____

INSTRUCTIONS

- ◆ Email referral to CYA@FHFnoia.org
- ◆ Include first and last name of individual being referred and the word “referral” in the subject line of the email.

