



Southern California  
Resource Services for  
Independent Living

## Southern California Resource Services for Independent Living – College Referral Form

**E-Mail to: [HOchoa@scrs-ilc.org](mailto:HOchoa@scrs-ilc.org)**

Thank you for considering the following student as a candidate for our EDGE College Support Services Program. To assist us with an expeditious process, please complete the referral form in its entirety. Please remember the student must be an active consumer of their Regional Center and has expressed the desire or need to receive support services from us. *If the student is not an active consumer of a regional center or their status is unknown, please e-mail us their full name, date of birth and city of residence to determine their eligibility.*

### Demographic Information

**Full Student Name:**

**Student Date of Birth:**

**Student Phone Number:**

**Student Address:**

**Student Major:**

**Student Current GPA:**

**Parent/Guardian Name:**

**Parent/Guardian Number:**

### Regional Center Information

**Regional Center Name:**

**Service Coordinator:**

**Coordinator Number:**

**Coordinator E-Mail:**

### Additional Support

Employment Services for Department Of Rehabilitation Consumers  Employment Services  
for Regional Center Consumers  Advocacy Support  Benefits Counseling (SSI, SSDI,  
Medi-Cal, IHSS, etc.)  Youth Services (14 – 24 years old)  Assistive Technology   
Housing Resources  Access Paratransit Assistance

**Notes:**