



The Arc of Macomb County
Sue Lind, SpArc Program Director
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Referral Agency: _____

Referral Source Contact Name: _____

Referral Source Contact Phone: _____

Referral Source Contact Email: _____

Date: _____

Client Name: _____

Client Phone: _____

Client Email Address: _____

Client Address (please indicate if currently incarcerated and where): _____

Client Birthdate: _____

Court Date (if applicable): _____ Name of Court: _____

Date of most recent Neuropsychological Report: _____

Synopsis: _____

Please forward this referral form to:

Sue Lind at sue.lind@arcservices.org or fax to 586-569-4327.

OFFICE USE ONLY					
Intercept 0	Intercept 1	Intercept 2	Intercept 3	Intercept 4	Intercept 5