



Community Employment Services
REFERRAL FOR SERVICES

Referral Date: _____

TO AGENCY

Agency: TDH Enterprises, Inc.

Address: 1848 East Perry Street, Suite 60

City: Port Clinton OH 43452

Telephone #: (419) 732-1420 Fax #: (419) 734-3532

INDIVIDUAL BEING REFERRED

Name: _____

Address: _____

City: _____ OH _____

Telephone #: _____

REASON FOR REFERRAL

UNDERSTANDING & AUTHORIZATION

- I understand it is my choice and responsibility to contact the above listed agency.
- I understand and agree this referral is **good for 30 days** from the date I sign it.
- I understand this information may be disclosed to other parties.
- I agree I have received a copy of this form.
- I authorize TDH Enterprises Inc. to refer me to the agency listed above.

 _____

Consumer Signature

Date of Signature

 _____

Parent's/Guardian's/Authorized Representative's Signature

Relationship and/or basis for authority to sign: Parent Guardian

Date of Signature

Authorized Rep.