

**GATEWAY CLUBHOUSE REFERRAL FORM**

*A Program of Community Workforce Solutions*

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Disability: TBI ABI Other \_\_\_\_\_ Military/Veteran: Yes No

Have you been referred through Wake Access? Yes No Do you have a case manager? Yes No

County of Residence \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Referring Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please return to:**

Community Workforce Solutions  
Attn: Leslie Johnson  
3011 Falstaff Rd. Raleigh, NC 27610

Telephone: 919-231-3325  
Fax: 919-231-9189

Office Use Only:

County	Type	Access	TCM