



Therese Manderino, Superintendent

Illinois Center for Rehabilitation and Education - Roosevelt
1950 West Roosevelt Road • Chicago, IL 60608
Telephone 312.433.3100

Dear Medical Provider:

Your patient has applied for admission to the Illinois Center for Rehabilitation and Education – Roosevelt (ICRE-R) Transition Program.

ICRE-R requires this letter from the applicant’s primary care provider indicating the person is free from communicable diseases, prior to placement in the ICRE-R Transition Program.

_____ is free from communicable diseases.
Name of patient _____ Date of Birth _____

ICRE-R will need copies of the patient’s:

- “Certificate of Child Health Examination” – including updated immunization record, flu vaccine, results of TB testing.
- A copy of the most recent physical exam – including medications, specialists, interim history, and frequency of visits/follow ups.

Signature of provider Name of provider Date seen

Clinic / Office Name:

Address:

Phone number:

E-mail address

Please fax this letter and the other requested documents to Susan Devitt, ICRE-R Admissions at 312-433-3254.

Please direct questions to:

Medical:	Farrell Godbout, APN 1950 West Roosevelt Road Chicago, IL 60608	Admissions	Susan Devitt 1950 West Roosevelt Road Chicago, IL 60608
Phone:	312-433-3228	Phone:	312-433-3125
Fax:	312-433-3170	Fax:	312-433-3254
Email:	fgodbout@peds.bsd.uchicago.edu	Email:	Susan.Devitt@illinois.gov