



PO Box 1132; Dumfries, VA. 22026
 P: 571-389-3630 • F: 703-214-6239
 ccsgroup.org • risesgroup.com

REFERRAL FORM

Case Manager/DARS Counselor: Referral Date:

Email:

Telephone #: Fax #:

INDIVIDUAL DATA

Name: SSN or Participant ID:

Address:

Client Email: Telephone #:

Date of Birth: ISP Dates:

Quarterly Dates: Medicaid #:

Does the Client Have a Legal Guardian? Yes No *If so, please fill the following.*

Name:

Address:

Telephone #: Email:

SERVICE(S) REQUESTED

Medicaid Waiver:

Benefits Planning *NPI #0706401392* Workplace Assistance *NPI #0949377441 (RISES)*

Community Housing Guide *NPI #0706401392* Individual Supported Employment *NPI #0949377441 (RISES)*

General Community Guide *NPI #0706401392*

VA DARS:

WBLE

Individual Supported Employment – ROS Vendor #251165 – NOVA Vendor #254888

Benefits planning Vendor# 249614

Please Check All That Apply:

Youth Receives SSI

Worked in the last 12 months Receives SSDI

Receives earned or unearned income Current Student

Married

Other Funding Sources:

Tenancy Support Program (CSB/DBHDS)

Private Pay

Referrals Please Include: Guardianship Court Order (if applicable)

RAT (waiver only) SIS (waiver only)

Most recent resume (ISE only)

Two most recent paystubs (benefits planning only)

Identity verification for employment purposes

REFERRALS SHOULD BE SENT TO:
 referrals@ccsandriservices.org



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Notes: