



REFERRAL FORM MARYLAND SERVICES

Case Manager:	<input type="text"/>	Referral Date:	<input type="text"/>
Email:	<input type="text"/>		
Telephone #:	<input type="text"/>	Fax #:	<input type="text"/>

INDIVIDUAL DATA

Client Name:	<input type="text"/>	Client SSN #:	<input type="text"/>
Client Address:	<input type="text"/>		
Client Email:	<input type="text"/>		
Client Telephone:	<input type="text"/>	Date of Birth:	<input type="text"/>
Primary Disability:	<input type="text"/>	IPE Employment Goal:	<input type="text"/>

• Please send IPE, Consent, and Job Ready Page as appropriate.

Does the Client Have a Legal Guardian?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please provide the name and address.</i>
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• Please include court order if guardianship is awarded.

Guardian Name:	<input type="text"/>
Guardian Address:	<input type="text"/>
Guardian Email:	<input type="text"/>

Notes:

<p>Please Check All That Apply:</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Worked in the last 12 months</p> <p><input type="checkbox"/> Receives earned or unearned income</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Receives SSI</p> <p><input type="checkbox"/> Receives SSDI</p> <p><input type="checkbox"/> Currently working with DORS under Ticket to Work</p> <p><input type="checkbox"/> Ex-offender</p>

<p>Referral To: (may select multiple)</p> <p><input type="checkbox"/> Interviewing Assistant</p> <p><input type="checkbox"/> Benefits Planning</p> <p><input type="checkbox"/> Job Development Prep</p> <p><input type="checkbox"/> Job Development Plan Driven</p> <p><input type="checkbox"/> Job Coaching</p> <p><input type="checkbox"/> Employment Stability</p>

REFERRALS SHOULD BE SENT
 TO: btate@ccsandriservices.org