

Community Support Associates, Inc.

Multi-Service Center

Information and Referral for Outreach Services

Consumer Name: _____ Contact Phone and Email: _____

Address: _____

Date of Birth: _____ SSN: _____ Ethnicity: _____

Marital Status: _____ Children? _____

Highest Level of Education Completed: _____

Date of Injury/Illness: _____ Type of Injury/Illness: _____

Does the consumer have a documented traumatic brain injury (TBI)? YES NO

If this individual has a TBI, have they already applied for services through the Statewide Head Injury Program (SHIP)?
YES NO

If the individual has not applied, they may apply prior to receiving outreach services. Please request the online or paper application.

Current Living situation: _____

Any legal, financial, and/or substance abuse issues: _____

Does this individual have any mobility considerations?

Insurance and Membership numbers: _____

Guardian/Conservator? YES NO

Name and contact information for Guardian/Conservator if applicable: _____

Current Benefits:

SSI/SSDI Food Stamps Fuel Assistance MassHealth Medicare

Housing Other: _____

PCP: _____

Other Doctors or Specialists: _____

Name of referrer completing this form : _____

Relationship to Consumer: _____

Contact Phone: _____ Date of Referral: _____

Needs/Areas of Concern:

Vocational Services _____

Transportation _____

Medical Referrals _____

Recreation _____

Money Management _____

Counseling _____

Scheduling _____

Utilizing Community Resources _____

Support _____

Insurance _____

Other (please describe): _____

Any additional information you wish to provide: _____

Please note: we do not provide housing search but will assist in maintaining current benefits as needed.

All referrals are responded to in the order they were received. Your referral may be placed on a waitlist.

Please submit this form to:

Kristin daLomba

Outreach Coordinator, Community Support Associates, Inc.

Phone: 508-790-7818, Ext. 102; Fax: 508-790-8052

Email: kristind@csacapecod.com

Mail: PO Box 1987, Hyannis MA 02601