



REFERRAL FORM



Case Manager: _____ Date of Referral: _____

Email: _____ Telephone: _____ Fax: _____

INDIVIDUAL DATA

Name: _____ SSN #: _____

Address: _____

Client Email: _____ Telephone #: _____

Date of Birth: _____ ISP Dates: _____

Quarterly Dates: _____

Medicaid#: _____

LEGAL GUARDIAN

Does the client have a legal guardian? YES NO If so, please fill following:

Name: _____

Address: _____

Phone #: _____ Email: _____

SERVICE(S) REQUESTED

Medicaid Waiver

NPI #0706401392 (applies to all below)

- Benefits Planning
- Community Housing Guide
- General Community Guide
- Family Caregiver Training NPI #0950518800

- DME (MyGuide) NPI# 1508453911
- Workplace Assistance NPI #0949377441
- Employment Community Transportation (ECT)
- Individual Supported Employment NPI #0949377441

DARS

- Benefits Planning Vendor# 249614
- Partnership Plus-Ticket to Work
- Individual Supported Employment -Winchester-Vendor #251165 | NOVA Vendor #254888

Other Funding

- Tenancy Support Pilot (Fairfax CSB/DBHDS)
- Private Pay _____ COVID-19 Relief

Please Check All That Apply:

- Youth
- Receives earned or unearned income
- Receives SSI
- Worked in the last 12 months
- Married
- Receives SSDI
- Current Student

Waiver Referrals Please Include:

- Most recent SIS
- Risk Assessment Tool



REFERRAL FORM



NOTES

CONSULTING CONNECTION SERVICES | RISE SERVICES

Email: referrals@ccsgroup.org

PHONE (571) 389-3630 | **FAX** (703) 214-6239