



Benefits Orientation/Referral for Benefits Services

Client Name:	SSN:	Date of Birth:	QE2 Case #
Address:		Phone:	
		Email:	
Guardian name/address/phone (if applicable):		Payee name/address/phone (if applicable):	
Marital Status: Single Married Divorced Widowed		Does spouse also receive SSA benefits? ___ Yes ___ No	
Number of dependents: _____			
Supported Employment Provider, staff name, and contact number if applicable:			
Current Benefits and Supports <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Childhood Disability Benefit (CDB) <input type="checkbox"/> Disabled Widow(er) Benefit (DWB) <input type="checkbox"/> Medicare <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Social Security Retirement <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicaid Waiver __DD __A&D __TBI <input type="checkbox"/> AABD Cash Payment <input type="checkbox"/> TANF/ADC		<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Telephone Assistance Program <input type="checkbox"/> Affordable Connectivity Program <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Private Insurance; Source _____ <input type="checkbox"/> Other _____	
Work Incentives applicable to type of benefits received were discussed with client using Work Incentives guides: ___ SSI ___ SSDI ___ Concurrent beneficiary Notes about possible applicable work incentives are on back page.			
Date of Benefits Orientation: _____			
Referral for the following type of services (Refer to Benefits Services section for descriptions) Use this completed form for each referral. <input type="checkbox"/> Benefits Assessment <input type="checkbox"/> Benefits Planning <input type="checkbox"/> PASS development and monitoring <input type="checkbox"/> Benefits Management Referring to: <input type="checkbox"/> Easterseals <input type="checkbox"/> Goodwill <input type="checkbox"/> MHA-NE <input type="checkbox"/> Apace Date _____			
<i>Include the following documents with this referral form</i> <input type="checkbox"/> BP/SSA 3288 Consent – for release of information to benefits provider *Additional release required if spouse receives SSA benefits <input type="checkbox"/> HHS-160 Release (note “one year from date signed” in expiration field in the middle of the page) <input type="checkbox"/> Multi-Agency Release (used by agencies other than SSA or DHHS--i.e. payee, SE provider, housing) <input type="checkbox"/> Service Authorization <input type="checkbox"/> BPQY current to within 90 days of date of referral			
Benefits Specialist: _____		VR Specialist (if other): _____	
Date of Referral: _____			



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Notes/Comments