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

- ☐ Social Security Disability Insurance (SSDI)
- ☐ Childhood Disability Benefit (CDB)
- ☐ Disabled Widow(er) Benefit (DWB)
- ☐ Medicare
- ☐ Supplemental Security Income (SSI)
- ☐ Social Security Retirement
- ☐ Medicaid
- ☐ Medicaid Waiver ☐ DD ☐ A&D ☐ TBI
- ☐ AABD Cash Payment
- ☐ TANF/ADC
- ☐ SNAP (Food Stamps)
- ☐ Subsidized Housing
- ☐ Energy Assistance
- ☐ Telephone Assistance Program
- ☐ Affordable Connectivity Program
- ☐ Veterans Benefits
- ☐ Workers' Compensation
- ☐ Unemployment Insurance
- ☐ Private Insurance; Source _____
- ☐ 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.

Benefits Orientation/Referral for Benefits Services

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.

- ☐ Benefits Assessment
- ☐ Benefits Planning
- ☐ PASS development and monitoring
- ☐ Benefits Management

Referring to:

☐ Easterseals ☐ Goodwill ☐ MHA-NE ☐ Apace Date _____

Include the following documents with this referral form

- ☐ BP/SSA 3288 Consent – for release of information to benefits provider *Additional release required if spouse receives SSA benefits
- ☐ HHS-160 Release (note “one year from date signed” in expiration field in the middle of the page)
- ☐ Multi-Agency Release (used by agencies other than SSA or DHHS--i.e. payee, SE provider, housing)
- ☐ Service Authorization
- ☐ BPQY current to within 90 days of date of referral

Benefits Specialist: _____

VR Specialist (if other): _____

Date of Referral: _____

Notes/Comments