Richland Newhope Referral Form

Referral Date			
Individual's Na	me:		
Individual's Ad	ldress:		
Telephone:			
Date of Birth:			
Social Security:			
Diagnosis/Primary Disability:			
Name of Parent/Legal Guardian:			
Relationship to Individual:			
Parent/Guardia	n Telephone Number:		
Individual/Pard	ent/Guardian has consented to this referral: Yes No		
0	Initial Eligibility Determination		
0	Re-determination of Eligibility		
0	COEDI		
0	OEDI		
0	Intake Only		
Service/Progra	am Area(s) Individual is Interested In:		
0	Service Coordination-Child (ages 3-5) Service Coordination		
0	Educational Services		
0	Vocational/Employment Services		
0	Residential Services		
0	Family Resources Special Olympics		
0	Recreation		
0	Transition		
	ce Information: ral Source:		
Referral Source's Name:			
	ce's Telephone:		

Date of Initial Meeting:	
Date verification received:	/
Date of COEDI/OEDI:	/
Date FED Sheet is signed:	/
Date of Eligibility Letter Sent:	
Date of Intake Meeting:	
Date Information Received:	
1. Birth Certificate	/
2. Social Security Card	
3. Medicaid/Medicare/Insurance	/
4. Guardianship (if applicable)	/
Date Information is put into Gatekeeper:	/
Date Assigned to Individual consultant:	/
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