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| Transforming Lives | **Social Service Referral** |  |
| DATE |
| **1. Client Information** |
| CASE NAME | TELEPHONE NUMBER | CLIENT ID | APPLICATION DATE | LEP / PRIMARY LANGUAGE |
| ADDRESS CITY STATE ZIP CODE |
| **2. Referral** |
| [ ]  ABD Disability / HEN Incapacity Determination [ ]  Pregnant Women Assistance (PWA) Case Management[ ]  Ongoing Additional Requirements [ ]  TANF Disability Assessment (TDA)[ ]  Refugee Cash Assistance (RCA) [ ]  TANF Time Limit Extension (TLE)[ ]  Aged [ ]  Teen Living Assessment (TLA)[ ]  Protective Payee [ ]  Other:  |
| **3. Special Criteria** |
| [ ]  SSI / SSDI Approved [ ]  Terminally ill [ ]  Active HEN Referral [ ]  Equal Access (EA) [ ]  Active ABD [ ]  Current DCS Support Order[ ]  Approved for HCS Long Term Care Services [ ]  NGMA[ ]  Approved for DDA Services [ ]  Urgent[ ]  Transitional Offender Assistance Program (TOAP) |
| **4. Comments** |
| [ ]  Financially Eligible |