

MassAbility
Statewide Employment Services Department
Individual Members Planning and Assessing Choices Together
Project IMPACT
1-800-734-7475
Fax (617) 204-3847

INTAKE REFERRAL FORM

Benefits Specialist: _____

Date: _____

Referral Source Name: _____

Description of Service: _____

.....

CLIENT INFORMATION

Is this client still enrolled in high school? _____ YES _____ NO

Receiving: () SSI \$ _____ () SSDI \$ _____

 () VA Pension \$ _____ Compensation \$ _____

 () Section 8 _____ () Other Housing _____ () Public Benefits _____

Name: _____ D.O.B. _____

Address: _____

City: _____ ZIP _____

Phone: _____ Email: _____

SSN# _____ Rep Payee _____

Is Client Working? _____ YES _____ NO Start Date: _____

Employer Information: _____

Additional Information: _____

MassAbility