## Massachusetts Rehabilitation Commission Statewide Employment Services Department Individual Members Planning and Assessing Choices Together Project IMPACT

1-800-734-7475 Fax (617) 204-3847

## **INTAKE REFERRAL FORM**

CLIENT INFORMATION  lient still enrolled in high school?YESNO  ng: ( ) SSI \$ ( ) SSDI \$  ( ) VA Pension \$ ( ) Other Housing ( ) Public Benefits  D.O.B.  : ZIP  Email:	Is this client still enrolled in high school? YES NO  Receiving: ( ) SSI \$ ( ) SSDI \$  ( ) VA Pension \$ Compensation \$	<b>.</b>			
CLIENT INFORMATION	CLIENT INFORMATION   St this client still enrolled in high school? YES NO   Receiving: ( ) SSI \$ ( ) SSDI \$ ( ) VA Pension \$ ( ) Other Housing ( ) Public Benefit Name: D.O.B	Referral Source I	Name:		
CLIENT INFORMATION   CLIENT INFORMATION   SINCE   SI	CLIENT INFORMATION   St this client still enrolled in high school? YES NO	Description of Se	ervice:		
NO   No   No   No   No   No   No   No	Section   SSI	••••••	••••••	••••••	•••••
( ) SSI \$ ( ) SSDI \$ ( ) VA Pension \$ ( ) Other Housing ( ) Public Benefits D.O.B   ZIP Email: Email: ( )	Receiving: ( ) SSI \$ ( ) SSDI \$ ( ) VA Pension \$ ( ) Other Housing ( ) Public Benefit		CLIE	NT INFORMATIO	ON
( ) VA Pension \$ Compensation \$ ( ) Public Benefits  D.O.B   ZIP Email: Email:     D.O.B   Email:	( ) VA Pension \$ Compensation \$ ( ) Public Benefit  Name: D.O.B  Address: ZIP  Phone: Email:  Rep Payee	Is this client stil	ll enrolled in high school?	YES	NO
( ) Section 8 ( ) Other Housing ( ) Public Benefits  D.O.B  ZIP  Email:	( ) Section 8 ( ) Other Housing ( ) Public Benefit  Name: D.O.B  Address:  City: ZIP  Phone: Email:  Rep Payee	Receiving:	( ) SSI \$	( ) SSDI \$	
D.O.B :ZIP Email:	Name: D.O.B  Address:  City: ZIP  Phone: Email:  SSN# Rep Payee		( ) VA Pension \$	Compensation	\$
:ZIP Email:	Address:		( ) Section 8( ) C	Other Housing	( ) Public Benefi
:ZIP Email:	Address:				
ZIP Email:	City:        Phone:        Email:        SSN#     Rep Payee	Name:		D	.O.B
Email:	Phone: Email:	Address:			
	SSN# Rep Payee	City:	ZIP		
Rep Payee		Phone:		Email:	
	Is Client Working?YESNO Start Date:		Rep Payee		
Working?YESNO Start Date:		SSN#		G D	
	Employer Information:		ng?NO	Start Date:	
: Working?YESNO Start Date:		City:	ZIP	Email:	

