# Social Service Referral

## 1. Client Information

<table>
<thead>
<tr>
<th>CASE NAME</th>
<th>TELEPHONE NUMBER</th>
<th>CLIENT ID</th>
<th>APPLICATION DATE</th>
</tr>
</thead>
<tbody>
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</tbody>
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<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
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<tbody>
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## 2. Referral

- ABD Disability / HEN Incapacity Determination
- Refugee Cash Assistance (RCA)
- Ongoing Additional Requirements
- Other:
- Pregnant Women Assistance (PWA) Case Management
- TANF Time Limit Extension (TLE)
- TANF Disability Assessment (TDA)

## 3. Special Criteria

- SSI / SSDI Approved
- NGMA Approved
- Active HEN Referral
- Aged
- Active ABD
- Equal Access
- Limited English Proficiency; Primary Language:

## 4. Comments