### 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>
<th>LEP / PRIMARY LANGUAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 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