

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
- Refugee Cash Assistance (RCA)
- Aged
- Protective Payee
- Other:
- TANF Disability Assessment (TDA)
- TANF Time Limit Extension (TLE)
- Teen Living Assessment (TLA)

3. Special Criteria

- SSI / SSDI Approved
- Active HEN Referral
- Active ABD
- Approved for HCS Long Term Care Services
- Approved for DDA Services
- Transitional Outreach Assistance Program (TOAP)
- Terminally ill
- Equal Access (EA)
- Current DCS Support Order
- NGMA
- Urgent

4. Comments

- Financially Eligible

