



**Non-SCL PDS Community Guide services
Referral Sheet**

1. Case Manager name: _____

Primary phone contact (specify work, home, cell): _____

Secondary phone contact (specify work, home, cell): _____

Work email: _____

Agency: _____

2. Participant name: _____

*New PDS participant to your agency? (Please circle one) Yes or No

*If yes, continue filling out the following information. If no, skip to section 3.

FMA w/ person of contact name & email: _____

MAID #: _____

Participant Address: _____

Participant Email: _____

Participant Phone Number: _____

3. Guardian name: _____

Guardian address: _____

Guardian phone number: _____

Guardian email: _____

4. Representative name: _____

Representative address: _____

Representative phone number: _____

Representative email: _____

5. Please list any current PDS employee name(s), email(s), and phone number(s):

6. Requested term of services upon initial agreement will be _____ months (can be further negotiated during further review, changes made will go into effect on a monthly basis)

7. Date that the service request (Google form) was submitted: _____

Email this form to Grace Jeter, Executive Director, at grace.jeter@resoarces.com.