PDS Referral Sheet for Community Guide

1. Case Manager Name: _____
    a. Primary phone contact (specify work, home, or cell): _____
    b. Secondary phone contact (specify work, home, or cell): _____
    c. Work email: _____
    d. Agency: _____

2. Participant Name: _____
    a. Financial Management Agency:
        ☐ BGADD ☐ Lifeskills ☐ Communicare ☐ CRBH ☐ KRCC
        ☐ Adanta ☐ Seven Counties ☐ CRADD ☐ Other: _____
    b. MAID: _____
    c. Primary diagnosis/code:
        ☐ F70 ☐ F71 ☐ F72 ☐ F73 ☐ F79 ☐ F840 ☐ G809
        ☐ Other: _____
    d. Participant Address: _____
    e. Participant Email (if applicable): _____
    f. Participant Phone Number (if applicable): _____

3. Guardian Name: _____
    a. Guardian Address: _____
        ☐ Same as participant ☐ _____
    b. Guardian Phone Number: _____
    c. Guardian Email: _____

4. Authorized Representative: _____
    a. Rep Address: _____
    b. Rep Phone Number: _____
    c. Rep Email: _____

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

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For internal use only:

Date referral received by reSOARces: _____

Signature of personnel confirming receipt of referral: _____

Participant referral has been:
☐ Accepted ☐ Waitlisted ☐ Denied (reason for denial: _____)