



Community Guide - PDS Referral Sheet / Intake Form

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: _____)