



REFERRAL FORM – SUPPORTED EMPLOYMENT

B&D Services, Inc
212 1st St. E
Independence, IA 50644
Email form to jaden@bdclp.com or Fax to: 319-334-3351

SECTION 1 – DEMOGRAPHIC INFORMATION

Today's Date:		Legal Name:	
Preferred Name (Goes By):		Date of Birth:	
Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Social Security #:	State ID #:	MCO #:	
Cell Phone #:	Home Phone #:	E-mail:	
Address:	City:	State:	Zip Code:
Primary Diagnosis:		Secondary Diagnosis:	

SECTION 2 – GUARDIANSHIP/POWER OF ATTORNEY

For Individuals being referred to who have a Legal Guardian:

*If an individual has a legal guardian and is over 18 years of age, a copy of guardianship paperwork must be obtained before beginning services

Guardian Name:	Relationship:
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Guardian Cell Phone #:	Guardian Home Phone #:	Guardian Email:	
Guardians Address:	City:	State:	Zip Code:

For Individuals being referred who have a caregiver other than a Legal Guardian:

Caregiver Name:		Relationship:	
Caregiver Cell Phone #:	Caregiver Home Phone:	Caregiver E-mail:	
Caregiver Address:	City:	State:	Zip Code:

For Individuals being referred who have a Power of Attorney:

*If an individual has a legal POA, a copy of the POA paperwork must be obtained before beginning Services.

Type of POA: <input type="checkbox"/> Financial Only <input type="checkbox"/> Medical Only <input type="checkbox"/> Both Financial & Medical <input type="checkbox"/> None, but in the process			
POA Name:		Relationship:	
POA Cell Phone #:	POA Home Phone #:	POA E-mail:	
POA Address:	City:	State:	Zip Code:

<p>If the individual being referred has any legal restrictions, please describe:</p> <p>*If an individual has any legal restrictions, a copy of this paperwork must be obtained before beginning services.</p>

SECTION 3 – SERVICES REQUESTED

Service Type:	
<input type="checkbox"/> Job Development/ IVRS	<input type="checkbox"/> SE Long Term Job Coaching
<input type="checkbox"/> Supported Employment (SE): Individual Supported Employment	<input type="checkbox"/> Other:

Service:
<input type="checkbox"/> IVRS
<input type="checkbox"/> ID Waiver
<input type="checkbox"/> BI Waiver
<input type="checkbox"/> Habilitation

Funding Source:	
<input type="checkbox"/> IVRS	<input type="checkbox"/> HHS
<input type="checkbox"/> Wellpoint	<input type="checkbox"/> Region
<input type="checkbox"/> Iowa Total Care	<input type="checkbox"/> Other:
<input type="checkbox"/> Molina	

SCL Daily Tier Assigned	
<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 4
<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 5
<input type="checkbox"/> Tier 3	<input type="checkbox"/> Tier 6
<input type="checkbox"/> None Yet	

Habilitation Tier Assigned	
<input type="checkbox"/> UA	<input type="checkbox"/> U7
<input type="checkbox"/> UB	<input type="checkbox"/> U8
<input type="checkbox"/> UC	<input type="checkbox"/> U9
<input type="checkbox"/> UD	<input type="checkbox"/> None Yet

SE Long Term Job Coaching Tier Assigned	
<input type="checkbox"/> Tier 1	<input type="checkbox"/> Tier 4
<input type="checkbox"/> Tier 2	<input type="checkbox"/> Tier 5
<input type="checkbox"/> Tier 3	<input type="checkbox"/> None Yet
<input type="checkbox"/> Past Tiers Assigned:	

SECTION 4 – REFERRAL SOURCE

Reason for referral:

Relationship to Individual Being Referred:		
<input type="checkbox"/> Case Manager <input type="checkbox"/> Family Member <input type="checkbox"/> IVRS <input type="checkbox"/> Healthcare Professional <input type="checkbox"/> Social Worker <input type="checkbox"/> Friend <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Teacher/School Employee <input type="checkbox"/> Justice Services <input type="checkbox"/> B&D Services Employee <input type="checkbox"/> B&D Services Individual Supported <input type="checkbox"/> Other:		
Name of Person Referring Individual:		Relationship:
Cell Phone #:	Home Phone #:	E-mail:

Address:	City:	State:	Zip Code:
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For individuals being referred who have a case manager:

Case Manager Name:		Organization/Agency:	
Cell Phone #:	Office Phone #:	E-mail:	
Address:	City:	State:	Zip Code:

I hereby acknowledge that all the information in this document is accurate to the best of my knowledge. I understand additional documentation may need to be obtained for B&D Services, Inc. to determine if our services fit the needs and/or to determine the eligibility for services of the individual you are referring. I understand an intake meeting must be held with the individual prior to services beginning. I understand I am required to notify B&D Services, Inc. in writing of any changes to this document.

Signature

Date:

Thank you for your referral. Referrals are processed within 5 business days of receipt.

To access services, all needed documents must be obtained, and an intake must be conducted with the individual.

Supporting documentation is often required to help us determine if our services fit the needs of the individual you are referring. Please note all HCBS Waiver Referrals must submit a current Social History and Functional Assessment to be processed.

Supporting or required documentation may include:

<input type="checkbox"/>	Release of Information	<input type="checkbox"/>	Educational IEP
<input type="checkbox"/>	Social History	<input type="checkbox"/>	Psychological Evaluation
<input type="checkbox"/>	Functional Assessment	<input type="checkbox"/>	Current Service Plan

Please submit referrals and supporting documents to:

Jaden Schwarting, Director of Employment Services

B&D Services, Inc.

Email : jaden@bdclp.com

Phone : (319) 334-6997

Fax : (319) 334-3351

Address: 212 1st St. East, Independence, IA 50644