



OPPORTUNITY WORKS

REFERRAL FOR SERVICE

Please complete and forward to Abbaccus Dokie, via fax 410)-871-4867
or email adokie@hspinc.org.

Person Being Referred:

Name: _____
Address: _____
Phone Number: _____
Age: _____

Referral Source:

Name: _____
Program: _____
Phone Number: _____
Email: _____

Please indicate any possible barriers or challenges the individual may have:

- | | | |
|---|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Childcare | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> No/poor work history | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Criminal Background |

Please indicate any benefits that the individual is currently receiving:

- | | | |
|-------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> TCA | <input type="checkbox"/> SSI |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> Section 8 | <input type="checkbox"/> ABAWD |

Is there additional information you believe the Opportunity WORKS team should know?

Any reporting requirements needed from the Opportunity WORKS team?
Please explain/attach.
