



PO Box 1132, Dumfries, VA. 22026  
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## REFERRAL FORM MARYLAND SERVICES

<b>Case Manager:</b>		<b>Referral Date:</b>	
<b>Email:</b>			
<b>Telephone #:</b>		<b>Fax #:</b>	

### INDIVIDUAL DATA

<b>Client Name:</b>		<b>Client SSN #:</b>	
<b>Client Address:</b>			
<b>Client Email:</b>			
<b>Client Telephone:</b>		<b>Date of Birth:</b>	
<b>Primary Disability</b>		<b>IPE Employment Goal:</b>	

- Please send IPE, Consent, and Job Ready Page as appropriate

**Does the Client Have a Legal Guardian?**

☐ Yes ☐ No

If so, please provide the name and address.

- Please include court order if guardianship is awarded.

<b>Guardian Name:</b>	
<b>Guardian Address:</b>	
<b>Guardian Email:</b>	

**Notes:**

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**Please Check All That Apply:**

- ☐ Youth
- ☐ Worked in the last 12 months
- ☐ Receives earned or unearned income
- ☐ Married
- ☐ Receives SSI
- ☐ Receives SSDI
- ☐ Currently working with DORS under Ticket to Work
- ☐ Ex offender

**Referral To: (may select multiple)**

- ☐ Interviewing Assistant
- ☐ Benefits Planning
- ☐ Job Development Prep
- ☐ Job Development Plan Driven
- ☐ Job Coaching
- ☐ Employment Stability

**REFERRALS SHOULD BE SENT  
TO: [btate@ccsandrisegroup.org](mailto:btate@ccsandrisegroup.org)**