

**Maryland State Department of Education
Division of Rehabilitation Services
Referral for Benefits Planning Services**

Date: _____

To: **Organization:** _____
Requested Benefits Planning Provider: _____

From: **DORS Counselor:** _____
Phone/TTY: _____ **Office Fax:** _____
Email Address: _____

Re: **DORS Consumer Name:** _____ **Participant ID:** _____
Consumer Address: _____
Consumer Phone: _____ **Email:** _____
Date of Birth: _____
Does this consumer qualify for Pre-ETS? Yes: **No:**

*If Yes, Use Pre-ETS Workplace Readiness Service Category and Pre-ETS Funds
If No, Use Benefits Planning Service Category and Benefits Planning Funds*

Other Participants. This consumer:

- Does** need and prefer to have other people support him/her through benefits planning, as follows:
- Consumer has an SSA designated representative payee
 - Consumer has legal guardian (if consumer qualifies for Pre-ETS, a parent/guardian should attend)
 - Other: _____

Participant's Name: _____

Participant's Phone: _____ **Participant's Email:** _____

Participant's Role(s): Attend face-to-face meeting(s) Receive copies of correspondence & reports
 Assist with follow-up (reporting earnings, contacting agencies for other services, etc.)

Participant's Name: _____

Participant's Phone: _____ **Participant's Email:** _____

Participant's Role(s): Attend meetings Receive copies of correspondence & reports
 Assist with follow-up

Reasonable Accommodations. This consumer:

- Does** require reasonable accommodations to participate in benefits planning services, as follows:
- _____

Remote Services (meeting by phone, Skype, Google Hangout, etc.). This consumer:

- Does** choose to participate in benefits planning services remotely
 Does not wish to participate in benefits planning services remotely

Menu of Services: Select from the following services for your consumer.

If consumer is employed or has offer pending, authorize all three Phases. See RS-1n for service descriptions.

- General Benefits Consultation**
- Phase I Pre-Employment Benefits Planning**
- Phase II Job Placement and Employment/Maintenance Services**
- Phase III Developing Supports for DORS Case Closure**
- Benefits Check-in for Returning DORS Consumer**
- Special Circumstances as identified during service delivery**

A copy of the DORS Pre-ETS Service Agreement or IPE should be attached as appropriate

Copies of SSA-3288 Forms with Consumer Signature should be attached if possible