Disability Linkage Line

Referral for Benefits Planning

Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referral Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer Information

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rep Payee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number: (\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Goal

Type of Work Desired: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Self-Employment? Yes No

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

Rate of Pay: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Per \_\_\_\_\_\_\_\_\_\_\_ Number of Hours/Week: \_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: Currently Working\* Start Date: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

 Has Job Offer; Expected Start Date Within a Month\*: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

Employment Expected Within a Month But No Job Offer

* + Yes
	+ No
	+ Yes
	+ No

 Has a Job In Mind, but no job offer

* + Yes
	+ No
	+ Yes
	+ No

 Interested In Working But No Job In Mind

Benefits

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

 SSDI SSI MA Medicare Other

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

Benefit Concerns? Yes Briefly Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

 No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefits, continued

Comfort with benefits changing when working:

* Fearful of benefit changes when working. Does not want to disrupt or work off cash benefits.
* Cautious about benefit changes when working. Wants to work and keep cash benefits.
* No major concerns about benefit changes when working. May consider working off cash benefits.
* Wants to work offcash benefits.

­­­­­­­­­­­­­­­­­­DB101 Estimator Session Done? Yes (attach Results) No If no, Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

DB101 Vault? Yes No

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

Attachments

Attachments Included: Partner (DLL) Release\*\*

* + Yes
	+ No
	+ Yes
	+ No

BPQY

* + Yes
	+ No
	+ Yes
	+ No

DB101 Benefit Lookup Worksheet

* + Yes
	+ No
	+ Yes
	+ No

Who should we contact? Customer Person Making Referral Guardian Rep Payee

* + Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No
	+ Yes
	+ No

 Other (name & contact info): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Yes
	+ No
	+ Yes
	+ No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Note: If you want us to talk to someone not listed on the Partner ROI, please attach a separate ROI for that person/agency.

\*High Priority \*\*Required