

## Referral Form

<b>Case Manager</b>	Name:	
	Branch #:	Date:
	Phone	Fax:
	Email:	Call Case Manager before contacting <input type="checkbox"/>
	Task List attached <input type="checkbox"/> <b>Two Weeks total hours</b>	
	HCW received a warning letter for working over 40 hours in a week. 1 <input type="checkbox"/> 2 <input type="checkbox"/>	

<b>Consumer-Employer</b>	Name:		
	Address:		
	Preferred Language or ASL:		
	Primary Contact:	<input type="checkbox"/> Consumer <input type="checkbox"/> Representative:	
	Phone/email:	Preferred Pronoun:	
	Prime Number:	Consumer-Employed Provider <input type="checkbox"/>	OPI <input type="checkbox"/> ICP <input type="checkbox"/>
		State Plan Personal Care <input type="checkbox"/>	Spousal Pay <input type="checkbox"/>

	Employer Responsibilities Review <input type="checkbox"/>	Contact Case Manager for Details, send form 0737, etc.
<b>Recommended Topics (check all that apply)</b>	Overview/Review <input type="checkbox"/>	Maintaining a respectful and harassment free workplace <input type="checkbox"/>
	New to in-home services <input type="checkbox"/>	
	New Representative <input type="checkbox"/>	
	Hiring <input type="checkbox"/> Terminating <input type="checkbox"/>	Other/details:
	Needs help creating profile in Registry or creating a Help Wanted Ad. <input type="checkbox"/>	
	Consumer requests workers to provide services not listed on the Task List. <input type="checkbox"/>	
	Communicating needs and expectations <input type="checkbox"/>	
	Boundaries <input type="checkbox"/>	
	Back-Up planning <input type="checkbox"/>	
	Emergency planning and safety <input type="checkbox"/>	
	Assist consumer creating schedule regarding worker ADA requests. <input type="checkbox"/>	
	Transitioning from NF/AFH/other: <input type="checkbox"/>	
Scheduling multiple HCWs <input type="checkbox"/>		
<b>Send with Task List to:</b>	ERC Consultant:	
	Phone	
	Email:	