

Referral Form

IQA Case Manager	Name:		Date:
	Phone:	Email:	
	Best times/ways to communicate with HCBS Coordinator:		
	Contact HCBS Co first?: Yes No	531A or 531C, 0549 form and additional personal information included with the referral: <input type="checkbox"/>	

Consumer/Employer Information	Consumer Receiving Services Information		
	Name:		Prime#
	Address:		
	Phone:	Email:	
	New consumer? <input type="checkbox"/>		
	Primary spoken language?		
	Preferred Method of Communication:		
	Pronoun:		

Why Referring?	
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Send Securely	Check this website for the consultant in the consumer's area: https://www.oregon.gov/dhs/SENIORS-DISABILITIES/HCC/Pages/SSPS-Workers-Contacts.aspx or send to OHCC.ERC@dhsola.state.or.us
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