

Referral Application for Supported Employment Services

**PLEASE FAX BOTH PAGES TO THE OFFICE SERVING THE INDIVIDUAL'S
COUNTY OF RESIDENCE.**

CALVERT COUNTY

305 Prince Frederick Blvd.
Prince Frederick, MD 20678
(410) 535-4787 Office
(410) 535-4965 Fax

ST. MARY'S COUNTY

41900 Fenwick Street, Suite 5
Leonardtown, MD 20659
(410) 535-4787 Office
(410) 535-4965 Fax

CHARLES COUNTY

2670 Crain Highway, Suite 505
Waldorf, MD 20601
(410) 535-4787 Office
(410) 535-4965 Fax

Referral Choice: _____

THE Southern Maryland Community
NETWORK
Champions of Behavioral Health

Referral Received Date:

Referral Received By:

Referral Application for Supported Employment Services
 A recent Psychiatric Evaluation, Vocational Evaluation and any other pertinent employment information should accompany this referral.

Date of Application: _____

Name: _____ Age: _____ Date of Birth: _____ Sex: M F

Social Security #: _____ DSM V diagnosis code: _____

Address: _____ County of Residence: _____

City/ State/Zip: _____ Phone: _____

Psychiatrist: _____ Phone: _____

Address: _____ City/State/Zip: _____

Therapist: _____ Phone: _____

Address: _____ City/State/Zip: _____

REFERRAL SOURCE:

Name: _____ Title: _____

Organization: _____ Phone: _____

Address: _____ City/State/Zip: _____

FINANCIAL STATUS:

Medical Assistance M.A. # _____ Medicare M.C. # _____

Other Insurance Policy# _____

SSI SSDI

Earned Income Source _____ Other Benefits _____

I hereby request Supported Employment Services, and give authorization permitting a DORS Counselor and SMCN to access my health information contained in the Value Options Maryland system pertaining to: alcohol and or substance abuse, and HIV/AIDS.

 Applicant's Signature

 Date

Referral Source/Staff Member, please check one:

- Verbal consent obtained during tele-health visit.
- Verbal consent obtained during face to face visit.

 Printed Name

 Signature