

# Utah Benefits Planning Assistance and Outreach Program Referral Form

(An appropriate referral is a **current** recipient of SSI or SSDI)

<p><b>Consumer information:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>E-Mail Address: _____</p> <p>Birth Date: _____</p> <p>Gender:    <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p> <p>Marital Status: <input type="checkbox"/> Single            <input type="checkbox"/> Married</p> <p>Number of consumer's children in household under 18: _____</p> <p>Recipients' other funding sources/agency assistance and amounts (if known): (Please check as many as apply.)</p> <p><input type="checkbox"/> SSI    \$ _____</p> <p><input type="checkbox"/> SSDI     \$ _____</p> <p><input type="checkbox"/> Concurrent SSI/SSDI                     \$ _____</p> <p><input type="checkbox"/> Medicare</p> <p><input type="checkbox"/> Medicaid</p> <p><input type="checkbox"/> Subsidized Housing</p> <p><input type="checkbox"/> Food Stamps                                \$ _____</p> <p><input type="checkbox"/> TANF/FEP                                    \$ _____</p> <p><input type="checkbox"/> General Assistance                        \$ _____</p> <p><input type="checkbox"/> Other: Please indicate: _____</p> <p>Affiliated Agencies: _____</p> <p>_____</p>	<p>Current Employment Status: _____</p> <p>Gross Monthly Earnings: \$ _____</p> <p>Primary Disability: _____</p> <p>Special Language or other Consideration:</p> <p><input type="checkbox"/> Sign Language</p> <p><input type="checkbox"/> English as a Second Language</p> <p><input type="checkbox"/> Other: Please indicate: _____</p>
	<p><input type="checkbox"/> <b>Representative Payee/Guardian Info:</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Home Phone: _____</p> <p>E-Mail Address: _____</p>
	<p><b>Referral Source Information:</b></p> <p>Date of Referral: _____</p> <p>Referral Name: _____</p> <p>Referral Agency: _____</p> <p>Referral Phone Number: _____</p> <p>E-Mail Address: _____</p> <p>Comments/Notes: _____</p>

Please FAX this form to (801) 887-9389 or call (801) 887-9530