



BENEFITS PLANNING REFERRAL

Date: _____

Beneficiary's Name: _____ Social Security #: _____

Contact information: _____ DOB: _____

Referral Source: _____ Address: _____

Phone Number: _____

Does the beneficiary currently receive services through Community Options?

___Yes ___No If yes, what services: _____

Reason for the referral: _____

Cash Benefits Received

Amount

- SSI (Title 16) _____
- SSDI (Title 2) _____
- SSDAC (Disabled Adult Child) _____
- Veteran's Assistance _____
- Pension-(Type _____) _____
- Alimony _____
- Unemployment Insurance _____
- Worker's Compensation Insurance _____
- Child Support _____
- Temporary Assistance to Needy Families _____
- Employment _____
- Other Income (Source) _____

Medical Benefits

- Medicare A B C D
- Medicaid Yes No Program: _____

- Medicare Savings Program: (state assistance with premiums for Part A and B)
 - Qualified Medicare Beneficiary
 - Specified Low Income Medicare Beneficiary
 - Qualifying Individual
 - Qualified Disabled & Working Individuals

Other Benefits

- Food Stamps
- Housing Subsidy (Source _____)
- Telephone Assistance (Source _____)
- Energy Assistance (Source _____)
- Childcare Assistance (Source _____)

Return referral to: Vickay Gross, Community Work Incentives Coordinator
4909 Shelburne St, Bismarck, ND 58503
vickayg@coresinc.org