

Phone: 1-866-264-2296
 TTY: 1-800-360-5899
 Paperwork E-mail: inplfax@pcgus.com
 Paperwork Fax: 1-866-799-9381
 Website: www.publicpartnerships.com

IN FSSA: SELF-DIRECTED SERVICES

REFERRAL FORM

INSTRUCTIONS TO THE CASE MANAGER

To initiate your client's enrollment process, Public Partnerships (PPL) needs to first receive a Referral Form providing basic demographic information about your client. This information is used to generate your client's Employer Enrollment Packet. Your client - the service recipient - is the employer of record in the Self-Directed Services Program. Your client may select an authorize representative, usually a family member, to represent them. Please complete the one-page form below and return it to PPL using our Business Fax: **1-866-799-9381**.

CLIENT/SERVICE RECIPIENT (EMPLOYER OF RECORD) INFORMATION					
First Name		Middle Initial		Last Name	
Date of Birth (mm/dd/yyyy) ____ / ____ / _____		Social Security Number _____ - ____ - _____		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
District:			Medicaid ID:		
Physical Street Address (P.O. Box not permitted)				Apt/Unit/Suite (if applicable)	
City		State		Zip Code	County
Preferred Method of Contact: <input type="checkbox"/> Phone Number <input type="checkbox"/> Cell Phone Number <input type="checkbox"/> E-mail Address					
Phone: (____) _____ - _____				Cell Phone Number (____) _____ - _____	
Public Partnerships has permission to text the client's Cell Phone Number indicated above: <input type="checkbox"/> Yes <input type="checkbox"/> No					
E-mail:					
AUTHORIZED REPRESENTATIVE					
First Name			Last Name		
Phone: (____) _____ - _____			E-mail:		
Street Address & Apt/Unite/Suite			State		Zip Code
CASE MANAGER INFORMATION					
Full Name:			Agency:		
Phone: (____) _____ - _____			E-mail:		
Street Address & Apt/Unite/Suite			State		Zip Code