

**Massachusetts Rehabilitation Commission  
Statewide Employment Services Department  
Individual Members Planning and Assessing Choices Together  
Project IMPACT  
1-800-734-7475  
Fax (617) 204-3847**

**INTAKE REFERRAL FORM**

Benefits Specialist: \_\_\_\_\_

Date: \_\_\_\_\_

Referral Source Name: \_\_\_\_\_

Description of Service: \_\_\_\_\_

.....

**CLIENT INFORMATION**

**Is this client still enrolled in high school? \_\_\_\_\_ YES \_\_\_\_\_ NO**

**Receiving:    ( ) SSI \$ \_\_\_\_\_                      ( ) SSDI \$ \_\_\_\_\_**

**( ) VA Pension \$ \_\_\_\_\_      Compensation \$ \_\_\_\_\_**

**( ) Section 8 \_\_\_\_\_ ( ) Other Housing \_\_\_\_\_ ( ) Public Benefits \_\_\_\_\_**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN# \_\_\_\_\_ Rep Payee \_\_\_\_\_

Is Client Working? \_\_\_\_\_ YES \_\_\_\_\_ NO      Start Date: \_\_\_\_\_

Employer Information: \_\_\_\_\_

\_\_\_\_\_

Additional Information: \_\_\_\_\_

