

CENTER FOR LIVING & WORKING, INC.

484 Main St. Suite 345, Denholm Building, Worcester, MA 01608
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TTY (508) 755-1003 VP (508) 762-1164
Facsimile (508) 797-4015
Website: www.centerlw.org

<u>Instructions:</u> Please fill out the following *Request for Services Form* and return to Center for Living & Working, Inc. via fax, mail (*contact above*) or secured email to DFigueroa@centerlw.org

Today's Date: / /	REQUEST FOR SERVICES:
Referral Source Name:	
Referral Source Phone: () -	Email:
Consumer Name:	Consumer Date of Birth:
Consumer Address:	
Consumer Phone: () -	Email:
Does the Consumer have a Disability?	/es* No
*If you answered Yes to the above question, what is the disability type? (optional):	
SERVICES BEING REQUESTED (check all that apply)	
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Information & Referral	Nursing Facility Transitional Assistance
Skills Training	Benefits Assistance (SSI/SSDI/MassHealth/SNAP/etc.)
Peer Counseling	Independent Living Services Department
Advocacy	One Care or ACO Long Term Supports and Services
Housing Assistance	Deaf and Hard of Hearing Department
ADA Advocacy/Assessment	MassHealth Personal Care Attendant Program
Independent Living Evaluation	Other:
Youth Services Department: (must fill out below) o In High School? Yes No o Name of High School (if applicable):	
o Grade Level: Expected Graduation Date:	
o Parent or Legal Guardian Name (if applicable): o Phone: () - Email:	
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RECOMMENDED ACTION:	