



# CENTER FOR LIVING & WORKING, INC.

484 Main St. Suite 345, Denholm Building, Worcester, MA 01608

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Facsimile (508) 797-4015

Website: [www.centerlw.org](http://www.centerlw.org)

**Instructions:** 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: [nbrodie@centerlw.org](mailto:nbrodie@centerlw.org).

Today's Date:    /    /		<b>REQUEST FOR SERVICES:</b>	
Referral Source Name:			
Referral Source Phone: (    )    -		Email:	
Consumer Name:		Consumer Date of Birth:	
Consumer Address:			
Consumer Phone: (    )    -		Email:	
Does the Consumer have a Disability?		Yes*      No	
*If you answered Yes to the above question, what is the disability type? ( <b>optional</b> ):			

## SERVICES BEING REQUESTED (*check all that apply*)

<input type="checkbox"/> Information & Referral	<input type="checkbox"/> Nursing Facility Transitional Assistance
<input type="checkbox"/> Skills Training	<input type="checkbox"/> Benefits Assistance (SSI/SSDI/MassHealth/SNAP/etc.)
<input type="checkbox"/> Peer Counseling	<input type="checkbox"/> Independent Living Services Department
<input type="checkbox"/> Advocacy	<input type="checkbox"/> One Care or ACO Long Term Supports and Services
<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Deaf and Hard of Hearing Department
<input type="checkbox"/> ADA Advocacy/Assessment	<input type="checkbox"/> MassHealth Personal Care Attendant Program
<input type="checkbox"/> Independent Living Evaluation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Youth Services Department: (must fill out below) <ul style="list-style-type: none"> <li>o In High School?    Yes      No</li> <li>o Name of High School (<i>if applicable</i>): _____</li> <li>o Grade Level: _____      Expected Graduation Date: _____</li> <li>o Parent or Legal Guardian Name (<i>if applicable</i>): _____</li> <li>o Phone: (    )    -         Email: _____</li> </ul>	

<b>RECOMMENDED ACTION:</b>