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**WFNJ SAI/BHI - Legal Services of New Jersey (LSNJ) – Referral Procedures**

The Care Coordinator (CC) will identify all clients in their caseload who have been medically deferred for one year or longer, or who have a chronic and persistent medical or psychiatric condition that has and will continue to prohibit the client from participating in employment-directed activities and gainful employment. The CC will meet with the client to explain Social Security Income (SSI) and the application process, and give the client the brochure, to determine if the client is interested. During that meeting, the CC will ask the client to sign the Generic Release Form for LSNJ allowing two-way communication between our agencies and will give the client the LSNJ brochure. The CC will also complete the LSNJ Questionnaire for Referral below (please make sure all questions are answered and leave no blanks). The CC will fax the release form, the Questionnaire, and the ASAM Assessment Summary to LSNJ, at 732-248-5008 or 732-572-0066.

The CC will send a Case Worker Referral Response Form (CWRRF) to the client’s welfare caseworker. In the comment section of the CWRRF the CC will inform the welfare caseworker that they have referred the client to LSNJ and ask for them to assist the client with the appropriate SSI application, as needed.

The CC will document the above in the Service Log of the client’s database file and maintain a copy of the fax cover sheet and client release form in the client’s paper file.

Complete the questionnaire below:

**LSNJ SSI Project Referral Questionnaire**

**Ask the client the following:**

1. What is your current address and phone number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Who are your alternate contacts? Please give us the name with telephone number and address of any person who we can contact if we cannot reach you:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. What is your Medicaid #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GA TANF
2. What is your Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you have a pending SSI claim? yes no
4. Do you know when you filed your claim? Approximate date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are you a U.S. citizen? yes no
6. If not, what is your immigration status? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Do you have a pending Worker’s Comp. or Personal Injury claim?

yes no

1. Can you read or write more than your name? yes no
2. What is your main health problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is a doctor treating you for your condition? yes no
4. If so, do you know the doctor’s name, address and phone number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. When did you start treatment with this doctor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do you see a psychiatrist or psychologist? yes no
3. When did you start treatment with this psychiatrist or psychologist? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If so, do you know the psychiatrist’s name, address and phone number?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Do you need transportation for doctor appointments? yes no