



CREATIVE CONSULTING SERVICES, INC.

321 Main Street 2nd Floor, Woodbridge, NJ 07095 732.409.3003 FAX: 732.634.1111

REFERRAL FORM

IIC _____ BA _____ Mentor _____ Initial _____ Reauth _____ Referral Date _____
ID# _____

| | |
|---|-------------------------|
| (PLEASE PROVIDE) Medicaid# _____ | Flex Funds _____ |
|---|-------------------------|

Ref. Org. _____ RO Contact _____ Phone# _____ Email _____

Beneficiary _____ DOB _____ Age _____ Male / Female

Ethnicity _____ Primary Language _____ SS# _____

Guardian _____ County _____

Address _____ City _____ Zip Code _____

Home _____ Cell _____ Other _____

PRESENTING PROBLEM / COMMENTS

Auth# Mentor _____ Dates _____ Units _____ /Hrs _____

Auth# BA _____ Dates _____ Units _____ /Hrs _____

Auth# IIC _____ Dates _____ Units _____ /Hrs _____ L / M

Assigned To Mentor _____ Date _____

Assigned To BA _____ Date _____

Assigned To IIC _____ Date _____