



## Referral Form

★ This form is only to be used by authorized representatives of the Aged & Disabled Waiver, Disabled Children's Program, Disabled Persons Family & Support Program, and Developmental Disabilities.  
 ★ When making a referral to the Assistive Technology Partnership, the information on this form is required.  
 ★ This form is fillable for print purposes only. This form can be completed, saved, and printed, however, this form cannot be submitted electronically.

Date	
Consumer	
Address	Phone
City/State/Zip Code	County
Medicaid ID #	
Date of birth	Disabling Condition
Age	
Person to contact (if other than consumer)	Phone
<b>Aged and Disabled Waiver</b> <input type="checkbox"/> Eligible, receiving Waiver Services <input type="checkbox"/> Eligible, receiving only Assistive Technology Service <input type="checkbox"/> Eligible AABD, but does not meet Waiver criteria <input type="checkbox"/> Ineligible AABD, needs Funding Coordination <input type="checkbox"/> Ineligible Waiver and AABD, needs Funding Coordination <input type="checkbox"/> Disabled Children's Program <input type="checkbox"/> Disabled Persons & Family Support Program <input type="checkbox"/> Child Welfare/OJS <input type="checkbox"/> Subsidized Adoption <input type="checkbox"/> Subsidized Guardianship <input type="checkbox"/> Developmental Disabilities Adult Services <input type="checkbox"/> Developmental Disabilities Children Waiver	
<b>Program Eligibility Period</b>	
Beginning Date	Ending Date
Consumer share of cost obligation. Please check : <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how much?	
What assistance is being requested? (continue on the back as needed)	
Why is the assistance needed? (continue on the back as needed)	
Agency Name Address City/Zip Phone Fax E-mail address	Medicaid Eligibility Worker Name Address City/Zip Phone Fax E-mail address
<b>Return this form to the Partnership office in your area:</b> <ul style="list-style-type: none"> <li>• <b>Lincoln</b> 3901 N. 27<sup>th</sup> Street, Suite 5, 68521 (402) 471-0734, Toll Free (888) 806-6287 Fax (402) 471-6052</li> <li>• <b>Kearney</b> 315 W. 60<sup>th</sup> Street, Suite 300, 68845 (308) 865-5349, Toll Free (800) 683-6699 Fax (308) 865-5322</li> <li>• <b>Scottsbluff</b> 1517 Broadway, Suite 131, 69361 (308) 632-1332 Fax (308) 632-1392</li> <li>• <b>Omaha</b> 1313 Farnam on the Mall, 68102 (402) 595-1923, Toll Free (877) 201-4141 Fax (402) 595-1919</li> </ul>	