



Referral for Social Security
 Referral for Representative Payee Services

SECTION A:

Referring Party Name: _____ Agency: _____
 Phone: _____ Fax: _____ Date: _____

SECTION B: These details must be provided in full

Client's Full Name:			
SSN:	Date of Birth:	Language:	Client Number:
Phone Number:	Message Phone:	City and State of Birth:	
<input type="checkbox"/> Housed (Street Address):	<input type="checkbox"/> Homeless /Transitional /Shelter (Explain)	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident (Date of Residency):	

SECTION C: Reasons for referral; in particular how disability affects the client's ability to work

Is the client working? Yes No
 Is the client's medical condition severe? Yes No
 Can the client perform any work activities? Yes No
 How is the client's functioning limited? (Please circle all that apply): Sitting, Standing, Bending, Stooping, Walking, Lifting, Carrying, Reaching, Handling, Seeing, Hearing, Mental functioning
 WHAT IS THE CLIENT'S DISABILITY: _____

SECTION D: Outcome to referral (To be completed by HMHY Staff)

Received Date:	Outcome: <input type="checkbox"/> Open <input type="checkbox"/> Closed <input type="checkbox"/> Client Ineligible
Staff Name:	Comments:

How We Help:

- HMHY provides assistance free of charge for homeless individuals.
- HMHY may assist those who do not yet have representation of a pending claim for SSI/SSDI.
- HMHY may assist individuals whose claims are not currently at Hearing (ALJ) level.
- If your client is not homeless, we can assist. Please contact the office.

Fax completed referral to (562) 570-8234

Help Me Help You • 1301 W 12th Street Long Beach CA 90813 • (562) 612-5001 • www.helpmehelpu.org