

## DEAP REFERRAL AND NOTIFICATION FORM

PROGRAM: TDAP  TCA  PAA 

## PART I Print Legible

Date \_\_\_\_\_

DSS Office Name and Number \_\_\_\_\_

Client ID \_\_\_\_\_ AU No. \_\_\_\_\_

Applicant/Recipient Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_

LDSS Case Manager \_\_\_\_\_ Telephone No. (\_\_\_\_\_) \_\_\_\_\_

## PART II

## From The LDSS Case Manager To The DEAP Client Advocate

 REFERRAL

1.  Attached completed DHR/FIA 402B
2.  Attached completed 402W form (TCA Only)
3.  Attached completed DHR/FIA 434C (TCA Child Only)
4.  Attached completed DHR/FIA 4204
5.  Attached completed Project Home Certificate
6.  Attached other medical documentation
7.  Attached CARES DEM2 and UINC screens
8.  Attached Consent For Release of Social Security Data form
9.  Attached Copy of eligibility letter from the Social Security Administration (when available)
10.  Other \_\_\_\_\_

Comments \_\_\_\_\_

 INFORMATIONAL UPDATES1.  SRT DECISION

- Attached DHR/FIA 707 from SRT
- Attached CARES DEM 2 and UINC screens
- Attached DHR/FIA 736-2 form from SRT

2.  CHANGE IN REPRESENTATIVE

- Attached completed SSA 1696 U4 form or signed and dated letter from representative

3.  CUSTOMER CASE CLOSED

Effective Date \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_