



Downeast Community Partners
248 Bucksport Road, Ellsworth Maine 04605-0299
TEL: 207 664-2424 FAX: 207 664-2430
Website: www.downeastcommunitypartners.org

Referral for Resource Advocate Program

Date: _____

Name of person requesting service:	Others in Household: First/Last Name: DOB:
Address:	City/State/Zip:
Phone:	DOB:
SSN:	Gender:

Current monthly income?	Source of income/Employer Name?
Is applicant a veteran?	Type of insurance?
Current living situation? Rent/Own/Other – specify:	Transportation situation?
Fuel Assistance? YES / NO	Current support system?

What are the applicant's goals/needs?

What are the applicant's primary barriers to meeting the goals/needs?

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Other service providers involved:

Case Manager: Address: Phone:
Therapist: Address: Phone:
Primary Care Physician: Address: Phone:
Med Management: Address: Phone:
Other:

Referrer's Name:	Agency:
Address:	Email:
Phone:	Fax:

Printed Name: _____

Signature: _____

Date: _____