Pennsylvania
Department of Human Services

Reverse Referral Form

SUBMIT TO: _____

Client Information

1. FULL NAME:	2. DATE OF BIRTH:	
3. PHONE:	4. EMAIL (OPTIONAL):	
5. RECEIVING ASSISTANCE (SELECT ALL THAT APPLY): ☐ CASH ☐ FOOD/SNAP ☐ MEDICAL	6. COUNTY:	7. CAO CASE RECORD (IF KNOWN):

Provider Information

1. PROGRAM NAME:	
2. CONTACT NAME:	
3. PHONE:	4. EMAIL:

By signing this Reverse Referral Form, I agree that all information provided is correct and permit the program listed above to obtain the referral determination information requested, not to exceed a period of six (6) months following the date of my signature.

_____ CLIENT SIGNATURE

_____ DATE

Reset Print Submit Return

THIS SECTION TO BE COMPLETED BY THE CAO TO VERIFY REFERRAL STATUS
(Please securely return this form to the program listed above once the CAO makes a referral determination.)

PLEASE CHECK ONE:

☐ NOT REFERRED ☐ REFERRED IF REFERRED, PROJECT CODE: _____

PLEASE PROVIDE A BRIEF SUMMARY OF REASON FOR DETERMINATION:

_____ PRINT FIRST AND LAST NAME OF CAO STAFF

_____ TITLE

_____ PHONE

_____ EMAIL ADDRESS

_____ CAO STAFF SIGNATURE

_____ DATE

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Instructions

What is the Reverse Referral Form?

The Reverse Referral Form helps the local county assistance office (CAO) determine if you may enroll to receive services and support from the Department of Human Services (DHS) to attend an education, employment, or training program.

When would I use the Reverse Referral Form?

Complete the Reverse Referral Form if you would like to participate in a DHS program and receive the services and support available to participants.

How do I complete the Reverse Referral Form?

Please complete all information. If there is information you do not know, put "unknown" in the box. Please only fill out the Client Information, Provider Information, and the Signature block.

Client Information block

1. FULL NAME: Print your full name.
2. DATE OF BIRTH: Put your date of birth; use format MM/DD/YYYY (Ex. 10/12/1982).
3. PHONE: Put your current phone number where the CAO can reach you to discuss your referral.
4. EMAIL: Put your current email address where you can receive information.
5. RECEIVING ASSISTANCE: Check the box or boxes of what CAO benefits you are currently receiving.
6. COUNTY: Put the name of the county where you live.
7. CAO CASE RECORD: Put your case record number. This nine-digit number is on documentation you get from your local CAO (Ex. 51/1234567). If you don't know your record number, your provider can help you find it.

Provider Information block

1. PROGRAM NAME: Put the name of the program that you are interested in attending.
2. CONTACT NAME: Put the name of the contact person at the program you are interested in attending.
3. PHONE: Put the phone number for the person you listed in box 2.
4. EMAIL: Put an email address where the CAO can reach the program to return the referral form.

Signature block

Please sign your name and put today's date. By signing, you are verifying that all information provided is correct. You are also allowing the CAO to give your referral decision to the provider listed above for a period of six months from the signature date.

What do I do with the completed Reverse Referral Form?

Give the completed Reverse Referral Form to the program or your local CAO to request a referral. You may email the completed form to the CAO, upload it to your myCompass account, or drop off a copy in person. Authorized staff at the CAO will complete the CAO section of the form. They will determine who may attend the program and give the results to you and the provider you listed.