



## Agency With Choice Referral

Referring SCO: \_\_\_\_\_ Date: \_\_\_\_\_

Referring SC Name: \_\_\_\_\_ Email: \_\_\_\_\_

- New Consumer       Re-referred Consumer

**Note:** AIM-Agency With Choice, as the employer of record, must officially hire each SSP prior to them starting to provide the paid service. The Enrollment team will communicate the official Hire Date to the SSP, ME, and SC.

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### CONSUMER INFORMATION:

Name (Last, First, MI): \_\_\_\_\_

DOB: \_\_\_\_\_ MA Number: \_\_\_\_\_

Address: \_\_\_\_\_

Who to contact for Referral: \_\_\_\_\_

Phone: \_\_\_\_\_

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### BUDGET INFORMATION:

Waiver: \_\_\_\_\_

Service Code(s): \_\_\_\_\_

- With Benefit Allowance       Without Benefit Allowance

**Note:** Benefit Allowance means the billing rate and wage range are higher than 'without benefit allowance.' It does not impact health insurance or other 'benefits' you may think of.

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### SPECIAL INSTRUCTIONS (including additional languages):

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