



Vendor/OHCDS Referral

Referring SCO: _____ Date: _____

Referring SC Name: _____ Email: _____

New Consumer Re-referred Consumer

Note: *A consumer can only have one FMS agency assigned in a given month. If they are open with an AWC provider, that provider must be their OHCDS Vendor as two FMS providers cannot bill in the same month.*

CONSUMER INFORMATION:

Name (Last, First, MI): _____

DOB: _____ MA Number: _____

Address: _____

Primary Phone for Contact: _____

BUDGET INFORMATION:

Waiver: _____

Requested Vendor Service Code(s): _____

Please ensure the Admin Fee is listed in the plan and “consent to share” is checked for AIM to view the ISP.

Note: *Drivers must be “qualified” before they can begin submitting for mileage reimbursement. We will need additional paperwork filled out by the driver and we will let them know when they are “hired” to start. At that time, we will provide them with the forms and instructions.*

EMAIL TO: NPainter@AbilitiesInMotion.org
FAX TO: **Abilities In Motion** **610-376-0035**