

## SSI ADVOCACY PROJECT REFERRAL FORM

Stanislaus County Division of Children and Families has selected MAXIMUS to assist in the identification of children 17 years of age and older who are in DCFS custody, who have **severe** disabilities and may be eligible for Supplemental Security Income benefits. MAXIMUS will file the application for benefits for children who appear to be eligible. If you have questions about referrals, please contact MAXIMUS at 1-800-778-1406.

Child's Name	Date of Birth	Social Security Number	
Foster Care Parents/Facility		Telephone	
Street	City	State	Zip Code
Date of Placement			

Is there a court order placing child in DCFS custody? Yes ☐ No ☐

Does child have a diagnosed mental/physical impairment? Yes ☐ No ☐

**(If "no for either of these questions," do not proceed with referral.)**

Following are some indicators that a child may qualify for the SSI program (**check all that apply**):

- ☐ Child has recently received (within last 6 mos.) or is receiving psychiatric hospital services due to diagnosed mental impairment other than substance abuse
- ☐ Child was recently discharged from or is currently in a residential facility due to diagnosed mental impairment other than substance abuse
- ☐ Child receives special education services to address severe learning problems
- ☐ Child receives **intensive** outpatient counseling and/or therapy (**must check one other indicator in addition to this one**)
- ☐ Child has moderate to severe mental retardation (IQ 70 or less)
- ☐ Child has severe developmental delays (functioning ½ or less of chronological age)
- ☐ Child receives **intensive** medical services and/or treatment for a physical illness
- ☐ Infant (less than 6 mos. old) born at a very low birth weight (1200 grams or less)

Is the child receiving any benefits based on a deceased, disabled or retired parent's account? Yes ☐ No ☐

Is parent deceased or disabled and the child is not receiving benefits? Yes ☐ No ☐

If yes, please provide Parent's Name \_\_\_\_\_

Referred by \_\_\_\_\_ Ph. # \_\_\_\_\_ Date \_\_\_\_\_

**Send referral to:**

MAXIMUS

FAX: 1-515-284-8854

E-Mail: [iowassi@maximus.com](mailto:iowassi@maximus.com)

**PLEASE REPORT PLACEMENT CHANGES TO MAXIMUS**