

**FISCAL INTERMEDIARY RESPITE PROGRAM  
CONSUMER REFERRAL SHEET**

C.E.I. Community Mental Health  
812 East Jolly Suite 114, Lansing, MI 48910, (517) 346-9510

**ADULT/CHILD CONSUMER INFORMATION:**

Adult/Child Consumer Name: \_\_\_\_\_

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

Consumer Phone Number: \_\_\_\_\_

Consumer DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Consumer SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Our records are maintained by respite consumer; however we would like to have contact information for the family, guardian or responsible person and for the case manager.

**EMPLOYER (PARENT/GUARDIAN) INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

**CASE MANAGER INFORMATION:**

Case Manager: \_\_\_\_\_

Case Manager Phone No: \_\_\_\_\_

**For Office Use Only**

Consumer # \_\_\_\_\_

Date Faxed: \_\_\_\_\_