

**FISCAL INTERMEDIARY RESPITE PROGRAM
CONSUMER REFERRAL SHEET**

C.E.I. Community Mental Health
812 East Jolly Suite 216, Lansing, MI 48910, (517) 346-8113

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: _____