

TICKET REFERRAL FORM

ESRD NETWORK REPRESENTATIVE INFORMATION

Referral Date: _____ Office Location: _____
Referring Official: _____ Email address: _____
Phone Number: _____ Fax number: _____

BENEFICIARY AND TICKET ELIGIBILITY INFORMATION

Is the Beneficiary 18 – 64 years of age? _____ Receiving Social Security Disability Benefits? ____
Beneficiary's name: _____ City/State: _____
Home phone: _____ Cell phone: _____
Email address: _____ Best day/time to make contact: _____
Additional information to share? _____

AUTHORIZATION AND CONSENT

I do hereby specifically authorize my ESRD Network Representative to make a direct referral to the Employment Network of my choice and give my consent and permission to the Employment Network selected to provide basic information to my representative with regard to my potential employment, assistance in obtaining employment, employment accepted, and services provided to me as a result of this referral. This authorization will remain in effect during the time my Ticket is assigned to the Employment Network selected below.

Beneficiary's Signature

Date

As a reminder, Tickets for the Ticket to Work Program may only be assigned to one provider at a time. If for some reason a Ticket Program Participant wishes to change providers, the Ticket will need to be unassigned before reassigned to a different Ticket provider. Once this Referral Form is completed, please fax to the **Employment Network (one only) selected:**

Selected	Company Name	Contact's Name	Fax Number	Toll Free #	Direct #
	Alliance Professional Services LLC	Pam Walker	1-877-518-9008	1-800-518-9038	901-496-0024
	Human Solutions LLC	Lisa Brown Jordan	1-877-567-8003	1-877-561-5886	714-826-7886
	Full Circle Employment Solutions	Jaime Head	1-888-466-2940	1-888-466-2942 x5	301-531-5556
	The Choice Group	Rachel Hoffman	1-804-278-9221	1-877-374-5312	804-221-8701
	Work Without Limits/Univ of MA	Peter Travisano	1-508-856-4017	Not provided	774-641-2512

Referral Receipt/Confirmation for use by the selected Employment Network

Date Referral received: _____ Date confirmation to Referring Agency sent: _____

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