

Complete this form by indicating answers in the right column. Once completed, please email this form to <u>esscidea@essc.org</u>.

Please select the service recipient's answer(s) in the pre-populated sections

NAME	
DATE OF BIRTH	
GENDER	
MARITAL STATUS	
RACE	
ETHNICITY	
E-MAIL	
TELEPHONE NUMBER	Telephone Number:
	Туре:
	Contact Preference: Select All That Apply
	Call Me Best Time?
	🗆 E-mail Me
	🗆 Text Me
	□ No preference
ADDRESS	Address:
	Туре:
	City: State: Zip Code:
SERVICE TYPE(S) REQUESTED:	
Benefits Navigation	Benefits Eligibility Screening
	Health & Insurance Benefits
Please Check All That Apply	ID/Documentation Assistance
	Immigration Services
Clothing & Household	Clothing
Goods	Diapers/Infant Supplies
Please Check All That Apply	Personal Technology Devices



	School Supplies
	Toiletries/Personal Hygiene Products
Education	Computer/Technology Education
	Degrees/Certifications
Please Check All That Apply	Early Childhood Education
	Educational Support Services
	Language Classes
	Tuition Assistance
Employment	Career Skills Development
	Internships / Work Experience
Please Check All That Apply	Job Search / Placement
	Job Training
	Entrepreneurship
Food Assistance	Emergency Food
	Infant Formula / Food
Please Check All That Apply	Medically Tailored Meals
	Prepared Meals
	Produce Prescription/Voucher
	School Meals
	SNAP/WIC/Other Nutrition Benefits
Housing & Shelter	Assisted Living
Disease Check All That Area	Emergency Housing
Please Check All That Apply	Environmental Exposure Assessment
	Home Expense Assistance / Repairs
	Home Loans & Financing
	Homeless Drop-In Services
	Housing Applications / Recertification
	Housing Mediation / Eviction Prevention
	Moving Assistance
	Permanent Housing
	Rent / Mortgage Payment Assistance
	Transitional Housing
Income Support	Emergency/One-Time Financial Assist
Plance Check All That Arrely	SSI / SDD & Disability Benefits
Please Check All That Apply	TANF / Cash Assistance Programs



	Unemployment Insurance
	Veterans Pensions & Disability Services
Individual & Family	Adult Day Programs
Support	Caregiving Services
	Child Care
Please Check All That Apply	Development Delay / Disability Support
	Environmental Modifications/Accessibility
	Family Support Home Visiting Programs
	Holiday Programs
	Interpretation Services
	Life Coaching
	Life Skills Training & Support
	Mentoring
	Parent Education
	Peer Support
	Respite Care
	Services Animals
	Social Service Case Management
	Group Support
Legal	Bankruptcy Law
	Criminal Law
Please Check All That Apply	Education Law
	Employment Law
	Expungements
	Family Law
	Health Law
	Housing Law
	Immigration Law
	Military Discharge Upgrade
	Military Law
	Public Benefits Advocacy
	Tax Law
	Veterans Benefits Advocacy
	Wills & Estates



Mental / Behavioral	Behavior Skills Training & Support
Health	Behavior Health Meds Management
	Conjoint Counseling
Please Check All That Apply	Crisis Intervention
	Family Counseling
	Group Counseling
	Individual Counseling
	Inpatient Mental Health
	Mental Health Evaluation
	Mental Health Expense Assistance
	Psychiatric Services
	Supportive Therapies
	Youth Mental Health Services
Money Management	Financial Counseling
	Financial Literacy Classes
Please Check All That Apply	Tax Preparation Services
Physical Health	Chronic Disease Prevention &
	Management
Please Check All That Apply	Dental Care
	Health Care Management/Coordination
	Health Coaching
	Home-Based Care
	Hospice & Palliative Care
	Long Term Care – Facility Based
	Medical Equipment/Assistive Technology
	Medical Expense Assistance
	Medical Management
	Primary Care
	Rehabilitative / Habilitative Services
	Screenings & Immunizations
	Specialty Care
Social Enrichment	Advocacy Groups
	Arts & Crafts Classes
Please Check All That Apply	Cooking Classes
	Leadership Development



	Music Classes
	Peer to Peer Networking
	Professional Development
	Special Interest Clubs
	Volunteer Opportunities
	Youth Development
	Spiritual Enrichment
Sports & Recreation	Adaptive Sports
	Boating / Water Activities
Please Check All That Apply	Exercise Classes / Groups
	Extreme Sports
	Individual / Team Sports
	Martial Arts
	Outdoor Activities
	Snow sports
Substance Abuse	Drug / Alcohol Testing
	Harm Reduction
Please Check All That Apply	Substance Use Expense Assistance
	Substance Use Recovery Support
	Substance Use Treatment
	Tobacco Cessation
Transportation	Ride Coordination
	Transportation Expense Assistance
Please Check All That Apply	Transportation Passes / Vouchers
Utilities	Home Energy / Utilities Benefits
	Internet
Please Check All That Apply	Utility Bill Payment Assistance
Wellness	Alternative Medicine
	Health Literacy Classes
Please Check All That Apply	Mindfulness & Meditation
	Nutrition Education
	Therapeutic Programs & Retreats
	Wellness Expense Assistance



1. Please prioritize your	1a.
Top 2 service types	1b.
from above	
2. For each of the Top 2	2a.
services types, please	2b.
prioritize your top two	
sub-categories	
3. Please specify the	3.
services you are	
requesting for each	
checked box above	
(Description of what type	
services you are seeking)	
Reason for Request	
(Description of Current	
Situation)	
Is this Referral Related to the	
National Emergency?	
Are you requesting services	
to maintain quarantine	
related to COVID-19?	
Your preference to receive	Send request signature by text message (SMS)
and sign Consent Form?	Cell number:
	Send request signature by email
	Email: