



ssaworkincentives@ahedd.org (email)  
(866) 902-4333 ext. 62001 (phone)  
717 763-0988 (fax)  
3300 Trindle Road, Camp Hill, PA 17011

## Referral for Work Incentive Counseling - OVR and AHEDD

**DATE OF REFERRAL:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Disability: \_\_\_\_\_ Special Accommodations Needed: \_\_\_\_\_

\*Service being authorized: \_\_\_\_\_

Representative Payee?  Yes  No Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Benefit Received:  SSDI  SSI  Both  Not sure

Vocational Goal: \_\_\_\_\_

Comments: \_\_\_\_\_

OVR District Office: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**\* AUTHORIZATION FOR REQUESTED SERVICE MUST BE INLCUED WITH REFERRAL**