

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES

Pre-Employment Services Project Referral

Funded By: Bureau for Children & Families

Administered By: Bureau for Public Health

Referred Individual's Name: _____

Address: _____

Mailing Address (if different): _____

Phone: _____

Date of Birth: _____

SSN: _____ RAPIDS Case No. _____

I certify that the individual identified above is eligible to receive the following services as marked:

Dental Services

Vision Services

Signature of Family Support Specialist

Referral Date

Name of Family Support Specialist (Printed): _____

Office Address: _____

Phone: _____ Supervisor's Name (Printed): _____

PLEASE READ--IMPORTANT INFORMATION FOR REFERRED INDIVIDUAL

You must schedule AND go to the first appointment with the service provider no later than _____.

- When the first appointment is scheduled or kept after this date, payment for the first visit and any follow-up services becomes your responsibility.
- It is up to you to choose a service provider (from the list given to you) who is able to see you by the date shown above.
- To make sure DHHR will pay for the service, please start trying to find an eye doctor or dentist right away.

Address questions or concerns to: Pre-employment Services Project
Phone: 1-800-642-8522 or 304-558-5388

Distribution of Copies

White: Local Office DHHR File
Pink: Dental Services
Yellow: Vision Services
Gold: OMCFH
Mail to: Pre-Employment Services
350 Capitol St., Room 427