NTBHA
North Texas Behavioral Health Authority

Consumer Benefits Program Client Screening/Referral Form

Name: _____ DOB: _____ LCN: _____

Address: _____ Phone: _____

Benefits Requested: _____

(Indicate response to questions by checking Yes or No)

Working with an attorney or contractor? Yes ☐ No ☐ US Citizen or Legal Resident? Yes ☐ No ☐
If YES, please STOP HERE If YES, please STOP HERE

Pending Social Security Claim? Yes ☐ No ☐ Lost SSI, SSDI, Medicaid Yes ☐ No ☐

Able to work & keep a job? Yes ☐ No ☐ Gross monthly earnings? $_____

Number of hospitalizations in the past 12 months? _____ Recent substance use? Yes ☐ No ☐

Physical or Mental Health conditions that contribute to disability: _____
_____

Take meds as prescribed? Yes ☐ No ☐ Medications: _____

_____

Under 26 & previously in Texas foster care? Yes ☐ No ☐ Homeless? Yes ☐ No ☐

Do you provide care for a child 18 years or younger? Yes ☐ No ☐ Females: Pregnant? Yes ☐ No ☐

MH Service Provider: _____ Diagnosis Code? _____

Jail or Prison: When: _____ How long? _____

Please explain why you believe this consumer is eligible for SSI/SSDI disability or other Medicaid benefits.
_____
_____
_____
_____

Submitted by: _____ Date:_____

Caseworker: _____ CW Email: _____ CW Phone: _____

To refer a NTBHA funded consumer for an appointment with on of our Consumer Benefits Specialists, please email this form to cbo@ntbha.org or call our CBO team at 469-290-2905 for more information.