



Participant Directed Services Manager  
 Submit 7000 78th Ave N  
 forms Brooklyn Park, MN 55445  
 to: Direct: 763-416-9179 or 866-767-4296  
 Fax: 763-416-9194  
 Email: [sburggraff@mainsl.com](mailto:sburggraff@mainsl.com)

**NEW REFERRAL INFORMATION  
 for FMS Services**

**Service Coordinator:**

Name: \_\_\_\_\_ Regional Center \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Individual Receiving Services Information:**

Name: \_\_\_\_\_ UCI# \_\_\_\_\_ DOB \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Family/Representative:**

Name: \_\_\_\_\_ Language: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Service Type/Authorization information:**

Service Type(s): \_\_\_\_\_  
 \_\_\_\_\_  
 Fiscal/Employer Agent (Sole Employer)  
 Bill Payer       Co Employer

Specific Training Required in plan? \_\_\_\_\_

**Notes/Other info from Service Coordinator**

**OFFICE USE ONLY:**  
 Date referral received: \_\_\_\_\_  
 Date Enrollment Forms sent: \_\_\_\_\_ by \_\_\_\_\_