Ohio Network for Innovation

1 Avalon Road
Mount Vernon, OH 43050
Phone: 740-870-3359
Fax: 740-722-7227

Referral Information

Who is making this referral?:	Date:
Organization:	Phone:
Email:	

Enrollment Information:

Last Name:	First Name:		MI:
Address:			Apt:
City:	State:	Zip:	County:
Phone Number:	Email:		
SS#:	☐ **INCLUDE COPY OF CURRENT STATE ID**	☐ **INCLUDE COPY OF SOCIAL SECURITY CARD**	
DOB:	☐ **INCLUDE COPY BIRTH CERTIFICATE**		
Diagnosis:		**Diagnosis onset date:**	
Does the Claimant have a Court Appointed Legal Guardian? Yes No			
☐ **INCLUDE COPY OF GUARDIANSHIP LETTER**	If yes, enter the guardian's information below:		
Name:			
Address:		Phone Number:	
Email:			

Enter the names, relationship, DOB of any other people who live with the claimant below.		
Name	Relationship	DOB
Describe the setting where the person lives? (Examples: Alone or with a relative):		
Type of Benefits: SSDI SSI Wages STABLE Other:		

Does the Claimant already have a payee in place? Yes No	
If yes, please explain the reason for the change:	
If no, please enter physician's information below.	
Name:	
Address:	
Phone number:	Fax Number:

Authorization for STABLE or Wages Fund Management:

☐ By checking this box, you give consent for ONI to manage funds for STABLE and/or Wages accounts. A signature from the individual or their guardian is required below to confirm authorization.

Signature:_____ Date:_____

Please submit completed referral forms and supporting documentation to:

financesupport@ohionetworkforinnovation.com