



HR Alliance West & HR Alliance West I

DBA: HR Alliance

Client Referral Form

Regional Center Name: \_\_\_\_\_

Please Check One:  New to Self Determination  Transfer

**Section 1: Consumer Information**

Consumer Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Business Name (If Applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Section 2: Parent/Guardian Information**

Guardian Name: \_\_\_\_\_ Relation: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Section 3: Regional Center Contact Information**

Case Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Section 4: FMS Model (Please select one)**

315 -Bill Payor/Fiscal Management

316 - Co-Employer

317 - Sole Employer

**Section 5: Tax Information**

Federal EIN: \_\_\_\_\_  No FEIN, please complete IRS SS4 Form

State Unemployment #: \_\_\_\_\_  No EDD Unemployment,

please complete Unemployment application through EDD, Form (DE 1101ID).

Workers Compensation Insurance Policy:  No  Yes, Please provide copy of the Declaration Page