

St. Clair County Community Mental Health
Benefit-2-Work (B2W)/Work Incentive Practitioner (WIP) Referral

Please fill out the top section of this form and submit to [Hope Lee](#).

Date:			
Consumer:			
Case Number:		Date of Birth:	
Case Holder:			
Notes:			

Must be completed before submission:

1. Consent to Share Behavioral Health Information (MDHHS Consent in OASIS) must be filled out for:
 - a. Social Security Administration (SSA) office in Fort Gratiot (2620 Kraftt Rd)
 - b. Lisa Clark (MDHHS/DHS Staff)
2. Consent for Release of Information (Form [SSA-3288](#)) must be filled out with the following information:
 - a. Full Legal Name
 - b. Date of Birth
 - c. Social Security Number
 - d. Signature & Signature Date from Individual/Legal Guardian

Attach Form SSA-3288 with this referral and submit to Hope Lee when completed.

For any questions regarding completion of referral form, please reach out to Hope Lee

****For B2W/WIP Staff Use Below this Line****

Date Received:			
Forms Completion Check:	<input type="checkbox"/>	B2W/WIP Referral	
	<input type="checkbox"/>	Signed MDHHS Consent in OASIS for SSA Office	
	<input type="checkbox"/>	Signed MDHHS Consent in OASIS for Lisa Clark	
	<input type="checkbox"/>	Form SSA-3288	
Date Sent to SSA:			