**MidPenn Legal Services**

Securing Economic Rights for Victims with Disabilities Project

REFERRAL FORM

1. Victim/Survivor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. DOB:
	1. Is victim a child? \_\_\_\_\_\_\_\_\_\_\_\_
3. Safe Phone Number for Victim/Survivor:
	1. Best time to call:
4. Safe Alternate Contact Name & Phone Number:
	1. Relationship to Victim/Survivor: \_\_\_\_

**Victimization**

1. Description of Most Recent Incident of Victimization:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Social Security Disability Status**

1. Description of Disability/Impairment for which Victim/Survivor Seeks Social Security Benefits: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Date of Denial of Social Security Disability Benefits (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Referring party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. What, if any, services is the referring agency providing?
4. Referring date:

Criteria:

* Must be a domestic violence survivor or other victim of crime (although no criminal filings need to be made)
* Must have applied for and been denied Social Security Disability benefits (either Supplemental Security Income (“SSI”) or Social Security Disability Insurance (“SSDI”).
	+ Brief advice available on Social Security disability applications in eligible cases.

Please scan & send referrals to:

Jayelene Williamson: jwilliamson@midpenn.org

CC: Margaret O’Leary: moleary@midpenn.org

To be screened for eligibility, please call: (717) 248 –3099, ext. 1503

For more information about this program, please contact:

Margaret O’Leary, Esq.

Securing Economic Rights for Victims with Disabilities Program

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