



Home and Community Based Services

329 North Salina St. Syracuse NY 13202

Please send Referral Form, Consents, LOSD, and summary to:
HCBS-CORE@helio.health

Client Information

Date of Referral: _____

Referring Agency/Case Manager: _____

Phone Number: _____ Email: _____

Client Name: _____

DOB: _____ Gender: _____

Address: _____

Phone Number: _____

MCO: _____ MCO ID: _____

Medicaid CIN: _____

Services Requested

Pre-Vocational Services

Transitional Employment

Ongoing Supported Employment

Education Support Services

Habilitation

Intensive Supported Employment

Client goals in relation to HCBS Service(s):

Client strengths/barriers: