



## Customer Information Sheet

Date of initial meeting: \_\_\_\_\_ Date agreement requested or received \_\_\_\_\_

**1) Managing Party/DHHS**

Staff Name: \_\_\_\_\_

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

\_\_\_\_\_ E-mail: \_\_\_\_\_

**2) Consumer receiving services:** \_\_\_\_\_

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

\_\_\_\_\_ E-mail: \_\_\_\_\_

DOB: \_\_\_\_\_

Mentor: \_\_\_\_\_

Allocation amount: \_\_\_\_\_

Primary contact Billie Jo Webb

Date Initiating Services: \_\_\_\_\_

**For office use only:**

Check Service Model:

- FSE       Agency with Choice       FEA       CSG       Other

Note: If FEA, FEIN holder, relationship to person receiving services and FEIN # \_\_\_\_\_

**Copies sent to** \_\_\_\_\_ Director of Services \_\_\_\_\_ Billing specialist **Originals to** \_\_\_\_\_ Office Coordinator