2019 DD Employment and Day Activity Outcomes Survey

NEW CONSUMER FORM

Please use this form to list consumers served by your organization that are not on your Provider List (i.e. receiving services at the time of completing this update). **Fax to: 401-456-8150, Attention Bernice Panicci**

Provider: _____

Contact Person: _____ Email: _____ Phone: _____

First Name	Last Name	Initials	Date of Birth ex. 6/23/1995	Using Self-Directed Supports* (yes/no)	Prior Agency if known and applicable	SURVEY ID (leave blank, to be assigned by Sherlock Center)

** Receiving Self-Directed Supports through a fiscal intermediary such as Options, Works for Me, My Choice, or proPartnerships*