Puzzle Pieces
Support Services LLC

Request for Services

FAX to 1-888-790-7002 or EMAIL to referrals@puzzlepiecesfl.org

Medicaid ID#: _____

☐ Wellcare/Staywell

☐ Sunshine/Cenpatico

First Name: _____ Last Name: _____ Middle Initial: _____

Preferred Name: _____ Date of Birth: / / Age: _____

Gender: _____ Ethnicity: _____ Preferred Language: _____

Street Address: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____

Legal Guardian: _____ Telephone #: ( ) -

Describe reason for service request:

Please specify area(s) of concern:

☐ Conflict Resolution
☐ Depression
☐ Anger Management
☐ Social Skills
☐ Peer Relations
☐ Family Interaction
☐ Sexual Abuse
☐ Physical Abuse
☐ Medical Problems
☐ Medication Noncompliance
☐ Juvenile Delinquency
☐ Truancy
☐ Substance Use/Abuse
☐ Legal Issues
☐ Other:

Please specify area(s) of need:

☐ Housing
☐ Entitlements
☐ Service Coordination
☐ Education
☐ Employment
☐ Financial
☐ Daily Living Activities
☐ Primary Support System
☐ Legal

Has the individual been hospitalized within the last 12 months? ☐ Yes ☐ No

Are requested services mandated by court order? ☐ Yes ☐ No

Referring Entity/Agency: _____

Telephone: ( ) - Fax: ( ) -

Person Making Referral/Title: _____

Signature: _____ Date: / /