

Reverse Referral Process

These instructions explain the process to refer a potential ABAWD participant from a CBO to the EPIC project. Remember that families who receive a TANF check are ineligible to participate in the EPIC Program. This process is required in Cook County and is highly recommended for all areas, especially in mandatory SNAP Employment & Training areas.

Log in to the EPIC Partner Restricted Resources.

Find the blank Form 2151 under the CBO list of resources.

The customer should be given a printed copy of the form to bring with them to the local IDHS office. To complete the form, follow these steps (see image):

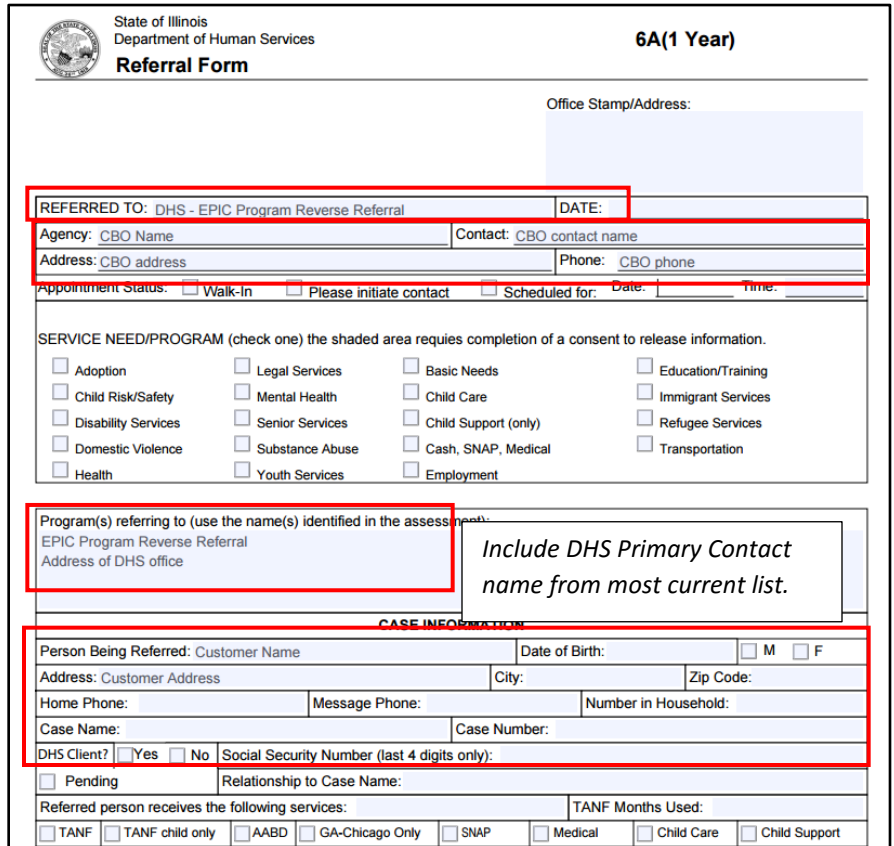
a. Referred to: DHS – EPIC Program Reverse Referral

b. Agency information: Fill in these boxes with the CBO's location and information.

c. Check the calendar on the EPIC Partner Resources for the next orientation date.

d. Program referring to: indicate EPIC Program Reverse Referral, enter the address of the DHS office.

e. Case Information – enter name and address information of the customer. Include IDHS case number if known.



Email the Primary Contact & Back-up Contact at the appropriate DHS office, Region 1 Regional Contact (where applicable), and Statewide Contact found on the DHS primary contact list on the EPIC Partner Restricted Resource Page to alert DHS staff that the referral customer will be coming to the office.

***Remind the customer there is a 50/50 chance of being assigned to the EPIC Treatment Group.

***Remind the customer that training is the primary objective and they must have time available to complete training.

***NO EPIC services are provided until the customer is randomly assigned to the treatment group and to a CBO.