Brain Injury Supports and Navigation Pilot - Referral Form

Form Submission Date:	**Referring organization & email address:**
ICBC Claim Number:	**ICBC Customer Name:**
Customer communication preference for pilot decision (i.e., email, phone):	

Answer yes or no to the following questions:

	Yes	No
Is the Customer aware and has agreed to this referral form is being submitted to ICBC?		
Requesting Support Services		
	Yes	**No**
Is funding for Support Services being requested? Support Services offer group or peer-based programs that help people understand brain injury and support their recovery. These programs are meant to encourage independence and help individuals reconnect with their communities. They are educational and do not involve medical or health care treatment.		
Requesting Navigation Services		
	Yes	**No**
Is funding for Navigation Services being requested? Navigation Services provide personalized assistance to eligible ICBC Customers to help them navigate their active ICBC Enhanced Care claim process effectively.		
	Yes	**No**
Has the Customer had difficulty understanding and completing claim-related activities?		
Does the Customer have difficulty with coordinating rehabilitation services, such as scheduling or attending appointments with Recovery Specialist or other support services?		
Has the Customer struggled to follow through on required claim actions, such as providing necessary documentation to ICBC?		
Is the Customer experiencing challenges in communications with the ICBC Recovery Specialist?		
Any additional comments that may be relevant to note for the referral:		