



REFERRAL FORM

I. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Referral Agent: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Referral Agency: \_\_\_\_\_ Race: \_\_\_\_\_ County: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral number (Medicaid, VR#, etc.) \_\_\_\_\_

II. DISABILITY

Primary Disability: \_\_\_\_\_

Secondary Disability: \_\_\_\_\_ MSD \_\_\_\_\_ SD \_\_\_\_\_

Comments, if any: \_\_\_\_\_

III. HISTORY

A. Medical:

Current Medications and Dosage: \_\_\_\_\_

Is Client capable of administering own medication? \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

B. Educational:

Highest grade achieved: \_\_\_\_\_ School: \_\_\_\_\_ Year: \_\_\_\_\_

Special Training received: (include area of training, place and time) \_\_\_\_\_

C. Vocational:

Job Goal: \_\_\_\_\_ DOT Code: \_\_\_\_\_

Work History: (include any prior employment, armed services, etc.) \_\_\_\_\_

D. Social:

Financial Support: (Family, SSI, SSDI, VA, Medicaid, other): \_\_\_\_\_

Legal Guardian: (Y/N): \_\_\_\_\_

Contact in case of emergency: Name: \_\_\_\_\_

\_\_\_\_\_

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

E. Psychological:

Tests, Diagnosis, etc.: \_\_\_\_\_

\_\_\_\_\_

F. Functional Limitations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

G. Strengths, Abilities, Needs and Preferences: \_\_\_\_\_

\_\_\_\_\_

IV. SPECIAL INSTRUCTIONS

Diet, Seizures, Mobility Skills, Work Adaptations, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

V. PRIMARY QUESTIONS TO BE ANSWERED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VI. TRANSPORTATION:

Transportation to be provided by: \_\_\_\_\_

VII. SERVICES REQUESTED: (Please check all that apply)

- \_\_\_\_\_ Vocational Evaluation
- Complete Vocational Assessment
  - Personal Skills Assessment
  - Social Skills Assessment
  - Mental Ability Assessment
  - Job Seeking Skills Assessment
  - Fine Motor Skills Assessment
  - Gross Motor Skills Assessment
  - Work Behavior Assessment
  - Interest Assessment
  - Aptitude Assessment
  - Physical Limitations Assessment
  - Academic Assessment

- \_\_\_\_\_ Work Adjustment
- Work Training in \_\_\_\_\_
- 
- Job Seeking Skills
  - Occupational Exploration
  - Job Coach Services

- \_\_\_\_\_ Adult Developmental and Vocational Program (ADVP)  
\_\_\_\_\_ Senior Day Center
- Work Training in \_\_\_\_\_
- 

VIII. ATTACHMENTS:

- General Medical
  - Psychological
  - R-4
  - IPRS target population form (ADVP)
  - NC SNAP, (ADVP)
  - Other, list: (example, IPE, PCP)
- 
- 
- 

- Occupational Exploration
- Supported Employment
- Long Term Vocational Support

IX.  Work Adjustment Eligible

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referring Agency

\_\_\_\_\_  
Signature Referring Agent

Fax completed form to Diversified Opportunities:  
252-291-1402 (Attn.: Program Team)