



REFERRAL FORM

I. IDENTIFYING INFORMATION

Name: _____ Referral Agent: _____ DOB: _____ Sex: _____

Address: _____ Referral Agency: _____ Race: _____ County: _____

_____ Social Security Number: _____ Phone: _____

Referral number (Mecicaid, 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 _____
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- Job Seeking Skills
 - Occupational Exploration
 - Job Coach Services

- _____ Adult Developmental and Vocational Program (ADVP)
_____ Senior Day Center
- Work Training in _____
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VIII. ATTACHMENTS:

- General Medical
 - Psychological
 - R-4
 - IPRS target population form (ADVP)
 - NC SNAP, (ADVP)
 - Other, list: (example, IPE, PCP)
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- Occupational Exploration
- Supported Employment
- Long Term Vocational Support

IX. Work Adjustment Eligible

Date

Signature Referring Agent

Referring Agency