VOCATIONAL REHABILITATION & BLIND SERVICES

Referral for Services

Vendor: Date of Referral: Click to enter a date

Next Appointment: Counselor:

Name: Date of Birth: Click to enter a date

Address: Phone Number:

Email:

I-9 Documents Verification: Yes No

Job Goal:

Disability:

Case Manager/

Guardian Contact:

GENERAL

- Psychological / Learning Disability Eval.
- Functional Capacity Evaluation
- OT/PT/Ergonomic Evaluation
- Benefits Counseling
- Individual Counseling
- Independent Living Support

VR/BLVS

- Job Search Assistance
- Job Readiness Training
- On the Job Supports
- Technical Assistance
- Customized Employment
  - Discovery
  - Job Placement

PRE-ETS

- Job Exploration Counseling
- Work Based Learning
- Experience Post-Secondary Educational Counseling
- Workplace Readiness Training
- Self-Advocacy Instruction

Other: Please Describe:

REFERRAL QUESTIONS AND REQUESTS Regarding this person, please assess, explore, and/or recommend:

- Work Skills & Work Behaviors
- Potential for Post-Secondary Academic Success Academic Accommodations
- Interests, Abilities, Limitations
- Functional Capacities
- Job Site Accommodations
- Business Plan Development

Other: Please Describe:

ATTACHED INFORMATION

- Signed Release
- Medical/Psychological Records
- Educational Records
- Authorizations
- Case Notes
- BPQY
- Individual Plan of Employment
- DLO/Cert/Pre-ETS

Other: Please Describe:

AmericanJobCenter