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| SEAL31.TIF | **EMPLOYMENT SERVICES REFERRAL**  State Form 56644 (12-18)  FAMILY AND SOCIAL SERVICES ADMINISTRATION  DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  VOCATIONAL REHABILITATION (VR) SERVICES |

***IMPORTANT: Include collateral information such as intake case notes, application information, information learned so far (including, if applicable, the Discovery Profile), evaluations, guardian information, or other information as applicable.***

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| **Participant Information** | | | | | | | | | | | | |
| **Name:** | Participant name. | **VR Identification Number:** | | | VR ID. | | | **Date of Birth *(month, day, year)*:** | | DOB. | **Gender:** | Gender. |
| **Address:** | Address. | **Telephone:** | Phone. | | | **Alternate Contact:** | | | Alternate contact. | | | |
| **E-Mail:** | E-mail. | **Primary Disability:** | Primary. | | | **Secondary Disability:** | | | Secondary. | | **Severity Level:** | Enter. |
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| **Referral Date**  ***(month, day, year)*:** | Select referral date. | | | **Provider:** | | | Provider. | | | | | |
| **VR Counselor:** | VR Counselor. | | | **VR Counselor Contact:** | | | VR Counselor Contact. | | | | | |
| **VR Case Coordinator:** | VR Case Coordinator. | | | **VR Case Coordinator Contact:** | | | VR Case Coordinator Contact. | | | | | |
| **Anticipated Services Needed:**  Discovery  Job Readiness Training  Employment Service Milestones  Job Search / Placement Assistance  On the Job Supports Short Term  Supported Employment Services | | | | | | | | | | | | |
| ***Please describe specific needs, additional comments, special considerations, expectations, transportation options, etc.:*** | | | | | | | | | | | | |
| Describe specific needs, additional comments, considerations, etc. | | | | | | | | | | | | |
| **Basic Information** *(If unknown, enter ‘N/A’.)* | | | | | | | | | | | | |

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| Primary Job Interest: | Enter primary job interest. |
| Secondary Job Interest: | Enter secondary job interest. |
| Work History | Work history. |
| Barriers/ Impediments: | Enter barriers/impediments. May include barriers related to disability, or other types such as a criminal background or homelessness. |
| Accommodation Needs | Accommodation needs |
| Education Level | Education level. |
| Academic Level | Academic level. |
| Reported Preferences | Reported preferences. |
| Source(s) of support | Sources of support. Examples include SSI, SSDI, ABLE account, family or friends. |
| Other Information Collected | Other information collected. |