

# SUPPORTIVE EMPLOYMENT SERVICES REFERRAL FORM

Referral Information Attached (Please check all that you have attached):

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| <input type="checkbox"/> Raleigh Vocational Center Evaluation    | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Personal/Mutual Responsibility Contract | <input type="checkbox"/> Other: _____             |

Name: _____	Date of Referral: _____
Address: _____	Soc. Sec. Number: _____
City, State, Zip: _____	Date of Birth: _____
Home Phone: _____	Message Phone: _____
Referring Person: _____	Telephone Number: _____

Does the consumer have an established diagnosis(es)?     Yes     No     Don't Know

If yes, please provide the following information about the diagnosis(es):

Axis I: _____	Axis I: _____
Axis II: _____	Other: _____

Presenting Problems(s)/Reason for Referral:

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Additional Information (include time left on TANF clock; barriers to employment; previous work history; hospitalizations; medications; compliance with appointments, etc.):

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Referral Recommendations (check all that apply):

- Vocational Assessment – Allows the consumer an opportunity to transition into employment while working temporarily at a job site with a job coach to determine consumer's vocational strengths and limitations.
- Work Group – Provides consumers an opportunity to explore vocational interests, skills and abilities, and prepares them for their job search.
- Individual Placement – Individual placement in competitive employment. A one-to-one job coach provides job development, job placement, and job coaching services.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition: _____	
SE Signature: _____	Date: _____