

Vocational Rehabilitation Services Referral Form

Date: _____

Service Provider: _____

Job Goal: _____

Service Categories (please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Situational Assessment/Work Evaluation | <input type="checkbox"/> Work Experience |
| <input type="checkbox"/> On The Job Evaluation | <input type="checkbox"/> On The Job Training |
| <input type="checkbox"/> Work Adjustment Training | <input type="checkbox"/> Job Placement Services (PBA) |
| <input type="checkbox"/> Job Coaching | <input type="checkbox"/> Skills Training |
| | <input type="checkbox"/> Other |

Independent Living Services:

- | | |
|--|---|
| <input type="checkbox"/> Information and Referral | <input type="checkbox"/> Independent Living Assessment |
| <input type="checkbox"/> Peer Counseling | <input type="checkbox"/> Independent Living Skills Training |
| <input type="checkbox"/> Assistive Technology Assessments and Training | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Other: _____ | |

Consumer Name: _____

Consumer ID: _____

Address: _____

City: _____

State: _____ Zip: _____

County: _____

Home Phone: _____

Mobile Phone: _____

Work Phone: _____

Phone Type:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> voice calls=vc | <input type="checkbox"/> tty=ty | <input type="checkbox"/> email=em |
| <input type="checkbox"/> videophone =vp | <input type="checkbox"/> texting=tx | <input type="checkbox"/> other = (list) _____ |

E-Mail Address: _____

Race: _____

Sex: _____

Date of Birth: _____

Age: _____

Purpose of this referral: _____

Transportation

- | | | |
|------------------------------|------------------------------|--|
| <input type="checkbox"/> Car | <input type="checkbox"/> Bus | <input type="checkbox"/> Metromobility |
|------------------------------|------------------------------|--|

Disability: _____

Secondary Disability: _____

Other Agencies or Individuals Involved in Service Provision (parent, county, guardian, etc):

Educational Background:

High School Education

College Education

Highest Degree Completed: _____

Referring Vocational Rehabilitation Services Staff:

Phone Number: _____

Fax Number: _____

WFC Location: _____

Email: _____@state.mn.us

Alternative Vocational Rehabilitation Services Staff Contact Person (include phone number):

Phone Number: _____

Fax Number: _____

WFC Location: _____

Email: _____@state.mn.us

Communication Style / Preference (check which apply):

Is an interpreter required? Yes No

English Spanish Other Spoken Language (list): _____

ASL Speech Reading Communication Board

Writing Other Signing Method (List): _____

Comments: _____

Cultural Implications: Reasonable Accommodations – Please List Necessary Accommodations:

1. _____

2. _____

3. _____

Functional Limitations Impacting Employment (detail of information selected at time of priority decision by Vocational Rehabilitation Services would be provided here under the following categories):

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Interpersonal Skills | <input type="checkbox"/> Self Care |
| <input type="checkbox"/> Self Direction | <input type="checkbox"/> Communication | <input type="checkbox"/> Work Skills |
| <input type="checkbox"/> Work Tolerance | | |

Criminal History: _____

Felony: _____

Misdemeanor: _____

Additional Comments or Information: _____

Social Security Benefits:

Social Security Disability (SSDI): \$0.00

Supplemental Security Income (SSI): \$0.00

Health Insurance:

- | | | |
|----------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Private | <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> MAEPD | <input type="checkbox"/> Other: _____ | |

Partnership Plus Services (complete only if vendor is an SSA-approved Employment Network and the consumer has a Ticket To Work):

Please check the appropriate box:

- Ticket is "in use" with Vocational Rehabilitation Services (cost reimbursement). Vocational Rehabilitation Services will take the ticket out of use at time of Vocational Rehabilitation Services case closure. The employment network is encouraged to provide ticket to work funded job retention services, as appropriate, after Vocational Rehabilitation Services case closure.
- Ticket is "assigned" to Vocational Rehabilitation Services (milestone outcome). Please consult with referring counselor if job retention services will be needed after Vocational Rehabilitation Services case closure.
- Other (please specify the status of the ticket): _____

Include a copy of the benefits analysis if completed.