

# E1MN

## Common Referral Form

Vocational Rehabilitation Services/State Services for the Blind (VRS/SSB), schools and waiver professionals referring participants for services

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

Release of Information attached

### REFERRING AGENCY INFORMATION

Name and title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### GUARDIAN

Does the person have a guardian? (if yes, include information)      Yes      No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

### WAIVER

Is the person on a disability waiver? (if yes, include information)      Yes      No

BI      CAC      CADI      DD

**WAIVER CASE MANAGER/SOCIAL WORKER**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

**SCHOOL**

Is the person in school? (if yes, include information)                      Yes                      No

School staff name and title: \_\_\_\_\_

School district: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

**VRS/SSB**

Does the person use VRS/SSB? (if yes, include information)                      Yes                      No

VRS/SSB staff name and title: \_\_\_\_\_

Office location: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

*When making referral to VRS/SSB, include medical documentation of disability, if available.*

**EMPLOYMENT SERVICE PROVIDER**

Does the person have an employment service provider? (if yes, include information)                      Yes                      No

Agency name: \_\_\_\_\_

Contact person: \_\_\_\_\_

Email: \_\_\_\_\_

Phone number: \_\_\_\_\_

Waiver (245D)

VRS/SSB

Both

## WHAT PHASE IS THIS PERSON IN?

Engage

Plan

Find

Keep



## WHAT EMPLOYMENT PORTFOLIO ITEMS ARE INCLUDE WITH THE REFERRAL?

Benefit Look up

DB101 Estimator results

Integrated Supports Star

Interest Inventory

Learning log

Life Trajectory

Personal Profile

Positive Summary

Resume

Sample application

Work team contacts

Other: \_\_\_\_\_

## WHAT ARE THE PERSON'S NEEDS FOR THE SERVICE THAT IS REQUESTED?

Discussing the possibility of work

Finding a provider

Verifying the benefits

Getting a Social Security card

Transportation

Work-related housing issues

Arrangements, like childcare

Work evaluation

Benefits planning

Disability disclosure

Accommodation and support

Resume and references

Identify supports

Getting disability documentation

Securing long-term employment supports

Setting up My Vault account

Identify abilities, skills and interests

Preliminary job goals

Labor market information

Job shadow/informational interview

Understanding competitive, integrated employment

Cultural considerations

Help with managing criminal background

Credit report

Work history

Finding a job

Other: \_\_\_\_\_