

Van Buren Job Opportunities Referral Form

Client Information

Name: _____ Date: _____
Address: _____ Phone: _____
City/State/Zip Code: _____
Date of Birth: _____ Social Security #: _____
County of Legal Settlement: _____

Parent/Guardian Information

Name: _____
Address: _____
City/State/Zip Code: _____
Home Phone: _____ Work Phone: _____

Medical Information

Primary Disability: _____ Diagnosed by: _____
Secondary Disability: _____ Diagnosed by: _____

Medication and dosages: _____

Is supervision of medication needed? _____

Doctor's Name: _____
Address: _____
City/State/Zip Code: _____

Financial Information

Benefits currently received (list monthly amounts)

SS _____ SSI _____ SSDI _____
Food Stamps _____ AFDC _____ Other _____

Has client received past benefits now terminated? Yes _____ No _____

Education

Name & Location of School: _____
Highest Grade Completed: _____ Date: _____
Did client participate in Special Education? Yes _____ No _____
Program Type: _____

Referring Agency

Referring Agency: _____

Address: _____ City/State/Zip Code: _____

Counselor/SW: _____

Counselor's Objectives/Recommendations (Rehab Problem(s))

Agencies/Individuals to receive progress reports:

Note: When possible, before a client is considered for service at Job Opportunities, the following copies may be requested if available: (or will obtain at his/her intake)

1. Vocationally directed medical examination prior to last referral (if available)
2. Most recent psychological/psychiatric evaluations-within 2 years (adult) (if appropriate)
3. Social history and medical history (optional)
4. Specialist examination report (if appropriate)
5. Most recent reports from previous training programs (if appropriate)

For Office Use Only:

Date enrolled: _____ Service Coordinator: _____

Date Terminated: _____ Case Number: _____

Status: _____