1311 Carlton Avenue, Charlottesville, VA 22902
(434) 972-1730 info@worksourceva.org (434) 972-7412 fax

# Referral Form

Full Name: _____ Date of Referral: _____

Address: _____

City, State: _____ Zip Code: _____

Phone: _____ Alternate Phone: _____

Soc. Sec. # _____ Date of Birth: _____

Gender: _____

Driverôs License? ___Yes ___No

Mode of Transportation: (please circle) Car Bus JAUNT Other

Does this client have a legal guardian? ___Yes ___No

If yes, please list: Guardianôs Name: _____

Address: _____ Phone Number:_____

City, State:_____ Zip Code:_____

Care giver's name:_____ Phone Number: _____

Relationship: _____ Alternate Phone: _____

Address: _____

City, State: _____ Zip Code: _____

Last grade of school completed: _____ IPE Completed? ___Yes ___No

Has this client been convicted for a law violation? ___Yes ___No

If yes, please explain:_____

| | |
|---|---|
| Primary disability: | |
| Secondary disability: | |
| Physical restrictions: | |
| Other limitations: | |

SERVICES REQUESTED: (Please Check)

| SERVICE REQUESTED | SERVICE ITEM # | DESCRIPTION | | |
|---|---|---|---|---|
| | A1205 | Community Support Services | | |
| | A5101 | Supported Employment Job Development Services | | |
| | A5103 | Individual Supported Employment Place & Train | | |
| | A5107 | Supported Employment Community Group Placement & Training | | |
| | A5132 | Job Counseling Training Services - Job Development Services | | |
| | A5134 | Individual Job Counseling Training Services ï Placement & Training | | |
| | A5400 | Work Adjustment ï Facility Based (please indicate area below) | | |
| | | ___ Production | ___ Janitorial | ___ BreadWorks |
| | A6320 | Situational Assessment ï Supported Employment | | |
| | A6322 | Situational Assessment ï Group ï ESO (please indicate area below) | | |
| | | ___ Production | ___ Janitorial | ___ BreadWorks |
| | A6321 | Situational Assessment ï Group | | |
| | E5107 | Supported Employment Community - Group | | |

**Please check off and attach the following relevant materials:**

| X | Item | Item is needed for … |
|---|---|---|
| | Certificate of Eligibility | DARS & VDBVI referrals |
| | Completed Universal Release Form | All referrals |
| | Documentation of Disability<br>(Recent medical/psychological reports) | All referrals, when applicable |
| | Vocational Evaluation Report | When applicable |
| | Additional information, (e.g., educational history, employment history and interpersonal relations) | If relevant |

**Please list name and phone number of the following if applicable:**

| Organization | Contact Name | Phone Number or email address |
|---|---|---|
| DARS/VDBVI Counselor | | |
| Region Ten Case Manager | | |
| School | | |
| Residential Staff | | |
| Dept. of Social Services | | |
| Psychiatrist/Psychologist | | |
| Physician | | |
| Social Security Contact | | |
| OAR Contact | | |
| Probation Officer | | |
| Substance Abuse Counselor | | |
| CHP Contact | | |
| Other (specify agency) | | |
| | | |

Signature of Referring Agent _____ Date :_____

Client Signature _____ Date :_____

Signature of Parent/Guardian, if applicable _____ Date :_____