



## Referral Form – Employment Services

Employment services are individualized and the best way to inquire about WorkSource assisting you to obtain and to maintain employment is to contact Daniel Lozano, Employment Services Manager, at (434) 972-1730 (office), (434) 409-4145 (cell) or [daniel@worksourceva.org](mailto:daniel@worksourceva.org).

Completion of this form will be helpful to gather information and can be emailed to [daniel@worksourceva.org](mailto:daniel@worksourceva.org).

Full Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Gender: \_\_\_\_\_

### General Information

Driver's License?  Yes  No

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

Do you have a legal guardian?  Yes  No If yes, please list below:

Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you have a caregiver?  Yes  No If yes, please list below:

Caregiver's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last grade of school completed: \_\_\_\_\_ Referred to DARS?  Yes  No

Do you have a criminal background?  Yes  No If yes, please explain:  
(This doesn't disqualify you from services.)

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### Disability Information

Primary disability: \_\_\_\_\_  
Secondary disability: \_\_\_\_\_  
Physical restrictions: \_\_\_\_\_  
Other limitations: \_\_\_\_\_

**Please list named and contact information for the following, if applicable:**

| <b>Organization</b>       | <b>Contact Name</b> | <b>Phone number</b> | <b>Email address</b> |
|---------------------------|---------------------|---------------------|----------------------|
| DARS/VDBVI Counselor      |                     |                     |                      |
| Region Ten Case Manager   |                     |                     |                      |
| Residential Staff         |                     |                     |                      |
| Dept. of Social Services  |                     |                     |                      |
| Psychiatrist/Psychologist |                     |                     |                      |
| Physician                 |                     |                     |                      |
| Social Security Contact   |                     |                     |                      |
| OAR Contact               |                     |                     |                      |
| Probation Officer         |                     |                     |                      |
| Substance Abuse Counselor |                     |                     |                      |
| Other (specify agency)    |                     |                     |                      |
|                           |                     |                     |                      |

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

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