|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| REFERRAL FOR EMPLOYMENT PROVIDER SERVICES | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| To: |  | | | | | |  | Referred by: | | |  | | | | |
|  | Agency | | | | | |  |  | | VR Counselor / Telephone Number | | | | | |
|  | | | | | | | | | | |
| **PERSONAL DATA** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | | | | Date of Birth: | |  | | |
| Address: | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Phone: | |  | | | Cell |  | | | E-Mail Address: | | | |  | | | |
| I9 Verification: Passport, or Picture Id and Social Security Card or Birth Certificate | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Guardian Name |  | | Phone |  |
|  | Relationship to client |  | | |
| Emergency Contact |  | | Phone |  |
|  | Relationship to client |  | | |

|  |  |  |
| --- | --- | --- |
| Primary Disability |  | |
| Secondary Disability | |  |
| Disability Priority |  | |

SERVICES REQUESTED

(Provide only those Services Specified)

Milestone Payment

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Job Development / Placement | | |  | | | | |
|  | |  | Tier 1 | |  |  | Tier 2 |  |

Stand Alone Single Service (hourly rate)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Trial Work Experience (for VR Eligibility): | | | | | |  | | |
|  | Community Based Situational Assessment (for IPE development): | | | | | | | |  |
|  | Job Shadowing/ Job Tour/ Informational Interview: | | | | | | |  | |
|  | Labor Market Survey: | | |  | | | | | |
|  | Resume/ Cover letter: | | | |  | | | | |
|  | Job application: | | | |  | | | | |
|  | Interview Preparation: | | | |  | | | | |
|  | Job coaching: | |  | | | | | | |
|  | Self-Employment Assistance: | | | | |  | | | |
|  | Other: |  | | | | | | | |

Purpose of Service(s) / Specific Questions:

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| --- |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Describe Needs: | | | | | |
| Transportation: |  | | | | |
| Assistive Technology Needs: | | |  | | |
| Long Term Support: | |  | | | |
| Interpreting (type of service, e.g. ASL, CART, foreign language): | | | | |  |
| Other (e.g. daily living assistance): | | | |  | |

|  |
| --- |
| Employment Specialist Preference:  Male  Female  No Preference |

Attached:

(Required unless noted as not applicable for purpose of referral);

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | VR application / Health Checklist |  | Applicant Profile/ Initial Assessment |
|  | Releases of Information (BRS and others as applicable) |  | Comprehensive Assessment Rationale (required for placement services) |
|  | Employment plan / Trial Work Plan / Client Counselor Agreement |  | Medical Information |
|  | Authorization / R-20 |  | Psychological / Psychiatric Evaluation |
|  | Disability Priority |  | Criminal History |
|  | Resume / Work History |  | Interest Inventory / Profile |
|  | Educational Information/Reports |  | Employment Readiness Scale/ World of Work Inventory Results |

Additional Comments:

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|  |

|  |  |  |
| --- | --- | --- |
| CRP and client eligible for subsidy per BRS Contract: | | |
|  |  | Remote Area Travel Subsidy |
|  |  | Population Specific Certification Subsidy |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  |  |
| COUNSELOR SIGNATURE | DATE | | |

Guidelines for Provision of Service(s)

* Any changes from the IPE employment goal must be approved by VR and client.
* Vocational Rehabilitation pays only for goods/services/ outlined in the referral and time authorized in the R20.
* Any changes in goods or services, or changes in time authorized require prior arrangements made with VR, and need to be documented.
* If more hours are authorized than actually used, Vocational Rehabilitation will only pay for hours used.
* Payment for case consultations with other professionals must be pre-authorized by VR.
* All services should be person-centered and clients have choice of services and service providers.
* If client misses 2 consecutive appointments, service provider will promptly notify VR.
* Staff development is the responsibility of the service provider; training and supervisory costs are built into the established fee.
* If authorizations for payment are not returned to VR within 90 days of delivery of services, then authorization will be voided.
* Vocational Rehabilitation expects the provider agency to include all report typing and photocopying done by support staff as part of the administrative costs that are included in the established hourly fee.
* Job placement must be approved by VR and client.
* Reports are expected to be received at VR no later than 10 working days after the end of the month in which the service was delivered.
* Requests for service authorizations are expected to be received prior to the service delivery.
* Costs incurred on behalf of multiple clients must be divided among the group. For example, if a coach provides support to three clients at work site for two hours, the two hours will be divided among the 3 clients.