|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REFERRAL FOR EMPLOMENT PROVIDER SERVICES** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| To: | | | | | | | | | | | |
| Agency Name | | | | | |  | | | |  | |
|  | | | | | |  | | | |  | |
| Referred By: | | | | | | | | | | | |
| DVR Counselor | | | Phone | |  | | | | | | |
|  | | | | | | Date: | | |  | | |
|  | | | | | | | | | | | |
| **PERSONAL DATA** | | | | | | | | | | | |
| Name: | | | | | | | | Date of Birth: | | | Age: |
|  | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| State |  | Zip | |  | | | | | | | |
| Vocational Goal: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Phone: | | | | | | | Cell: | | | | |
|  | | | | | | | | | | | |
| Email Address: | | | | | | | | | | | |

I9 Verification:  Passport or  Picture ID &  Social Security Card or Birth Certificate

Work Permit

|  |  |  |
| --- | --- | --- |
| Guardian: | | Phone: |
| Relationship to the client: | | |
|  | | |
| Emergency Contact: | | Phone: |
| Relationship to the client: | | |
|  | | |
| Primary Disability: | | |
|  | | |
| Secondary Disability: | | |
|  | | |
| Disability Priority: | | |
|  | | |
| Financial Factors: | SSI/SSDI (Amount) | |
|  | Maine Care | |
|  | Food Stamps (Amount) | |
|  | Other (i.e. Aspire): | |

***Counselors may cut and paste from Aware CARNS the following information***

Previous Employment, Volunteer or School Work Experiences (Please list out all experiences, lengths of experiences, & reasons for separation from the experience):

Skills Inventory (WOWI, ERS, educational skills/abilities and attainment, skills learned on jobs, at volunteer work, and/or school experiences):

Vocational Interests (WOWI, ERS, stated interests, etc):

Work Limitations/Restrictions/Barriers (length(s) of time unemployed, reasons for separation from employment, training needs, learning needs, physical barriers):    

Anticipated Workplace Accommodation(s):

Legal Concerns (criminal history, restrictions, future court dates, probation requirements):

Anticipated Employment Needs (Check all that apply & Describe in full):

Transportation  Assistive Technology  Long Term Support  Interpreting

Passport  Picture ID  Social Security Card  Birth Certificate

Other (i.e. Childcare, Schedule, etc):

Description:

**SERVICES REQUESTED**

(Provide **only** those services specified below)

| **Service Requested** | **Check if yes** |
| --- | --- |
| Job Development @ $40/hour |  |
| Job Seeking Skills Instruction @ $40/hour |  |
| Labor market survey @ $40/hour |  |
| Job Analysis @ $40/hour |  |
| Job Skills Training @ $40/hour |  |
| Transitional Employment Training (Psychosocial Clubhouse) @ $35/hour |  |
| Customized Employment @ $40/hour |  |
| Business Consultation@ $40/hour |  |
| Discovering Personal Genius @ $40/hour |  |
| Situational Assessment/Assessment to Hire@$35/hour |  |
| Wages for Situational Assessment @ (Varies by CRP/location) |  |
| Pre-Employment Transition Services – Job Exploration Counseling @$40/hour |  |
| Pre-Employment Transition Services – Work Based Learning Experiences @$40/hour |  |
| Pre-Employment Transition Services – Counseling on Enrollment Opportunities @$40/hour |  |
| Pre-Employment Transition Services – Workplace Readiness Training @$40/hour |  |
| Pre-Employment Transition Services – Instruction in Self-Advocacy @$40/hour |  |
| Job Coaching - Short-term @ $35/hour |  |
| Job Coaching – Supported Employment @ $35/hour |  |
| Report Writing (¼ hour increments, not to exceed 1 hour per report) @ $35/hour |  |
| Remote Area Travel @ $35/hour\* |  |
| Job Coaching for Population Specific Certification/Competency @ $40/hour \*\* |  |
| Job Development for Population Specific Certification/Competency @ $45/hour\*\* |  |

\*As part of CRP contract, select agencies will be provided additional funding to travel to remote areas.

\*\* As part of CRP contract, select agencies will be provided additional funding to deliver planned services to specific populations pre-approved by central office (i.e. ASL and foreign languages)  

Purpose of the Service(s) / Specific Question(s):

The Comprehensive Assessment of Rehabilitative Needs (CARNS) will be reviewed with the CRP.Comments**:**      

The employment goal will be reviewed with the CRP, including a description of how the goal is an appropriate fit based on the CARNS and the type of work environment in which this client will have the greatest success working. Comments:    

The Individual Plan for Employment (IPE) will be reviewed with the CRP, including a detailed description what the client is looking for in employment, as well as the VR counselor’s vision of how the CRP may best accomplish this. Comments:    

Other discussion topics included:

Work-site and job modifications: Comments:

Assistive technology needs: Comments:

Training needs: Comments:

Referral Meeting (phone or in-person) to be scheduled asap to discuss this referral:

3 month review meeting to discuss progress will be scheduled at the Referral Meeting:

|  |  |  |
| --- | --- | --- |
| **ELECTRONIC SIGNATURE AGREEMENT**  **Consent to use Electronic Signatures:** You are agreeing to use Electronic Signatures, within this document, subject to the provisions of the U.S. E-SIGN Act (i.e., the Electronic Signatures in Global and National Commerce Act - ESIGN, [Publication 106-229](http://www.gpo.gov/fdsys/pkg/PLAW-106publ229/content-detail.html), 14 [Stat.](http://en.wikipedia.org/wiki/United_States_Statutes_at_Large) [464](http://memory.loc.gov/cgi-bin/ampage?collId=llsl&fileName=014/llsl014.db&recNum=0495), enacted June 30, 2000.  **What is an Electronic Signature:** An electronic signature can be as basic as a typed name or a digitized image of a handwritten signature.  You agree and consent the use of a key pad, mouse or other device to select an item, button, icon or similar act/action constitutes your signature, acceptance, and agreement as if actually the validity of your electronic signature; and the lack of such certification or third party verification will not in any way affect the enforceability of your signature. | | |
| **VRC signature** |  | |