

### REFERRAL TO VOCATIONAL REHABILITATION

Member's Name (Last, First, M.I.): \_\_\_\_\_ Date: \_\_\_\_\_

DOCUMENTS INCLUDED IN THE VOCATIONAL REHABILITATION PACKET:	CHECK ALL THAT APPLY:
Current Planning Document (required)	ALTCS
<b>Documented Disability Documentation (required – one or more documents)</b> Medical Evaluation(s) (including diagnostic information)(required) Psychological Evaluation(s) (including diagnostic information) (required for Members with Intellectual Disabilities) Vocational Evaluation(s) School Records (MET Reports and Individualized Employment Program)	DDD Only
	Targeted
	RBHA-General Mental Health (GMH)
	RBHA-Serious Mental Illness (SMI)
Behavioral Health Records	Current/Former Child in Foster Care
Most Current Guardianship Documents (required – if member has a guardian)	Visual Impairment
Authorization/Consent For Disclosure and Use of Confidential Information Between DDD and RSA RSA-1365A (required)	Hearing Impairment

Member's Home Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Member's Mailing Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Member's Phone Number: \_\_\_\_\_ Member's Primary Language: \_\_\_\_\_

Gender: Male Female Date of Birth: \_\_\_\_\_

Primary Diagnosis (DDD): \_\_\_\_\_

Behavioral Health Diagnosis: \_\_\_\_\_

Guardianship: Yes No Expiration Date: \_\_\_\_\_ Guardian's Primary Language: \_\_\_\_\_

Guardian Name: \_\_\_\_\_ Department of Child Safety (DCS) Specialist

Guardian's Mailing Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_ Guardian's Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Person's Primary Language: \_\_\_\_\_ Contact Person's Phone Number: \_\_\_\_\_

**LIVING ARRANGEMENT:**

Lives Independently Family Home Child Developmental Home (CDH) Adult Developmental Home (ADH)  
Group Home Intermediate Care Facility (ICF) Other (specify): \_\_\_\_\_

Highest Level of Education or Current School Placement: \_\_\_\_\_

Other Education/Training: \_\_\_\_\_

**INCOME SOURCE(S) (List monthly amount):**

SSI: \_\_\_\_\_ SSDI: \_\_\_\_\_ Earnings: \_\_\_\_\_ Other: \_\_\_\_\_

Current Day/Vocational Program and Provider's Name: \_\_\_\_\_

Current Means of Transportation/Specialized Transportation Needs (example: wheelchair lift):

Reason for Referral to Vocational Rehabilitation: Competitive Employment WIOA/511 Subminimum Wage  
Vocational Outcome/Objective:

Vocational History (Current and past vocational training, work experiences, accomplishments and skills):

**I have reviewed the referral to Vocational Rehabilitation. All required information is included, and referral packet is complete.**

Support Coordinator's Name (Print or Type):

Support Coordinator's Signature: Date:

Support Coordinator Address (No., Street):

City: State: ZIP Code:

Support Coordinator Phone Number: Email:

**As the supervisor I have reviewed all required information and referral packet is complete.**

Support Coordinator Supervisor's Name:

Support Coordinator Supervisor's Signature: Date:

Support Coordinator Supervisor's Phone Number: Email:

**TO BE COMPLETED BY THE DISTRICT EMPLOYMENT SERVICE SPECIALIST**

Date referral packet submitted to Vocational Rehabilitation:

Vocational Rehabilitation Office and Contact:

Vocational Rehabilitation Address (No., Street):

City: State: ZIP Code:

Vocational Rehabilitation Phone Number:

If the member is referred to Vocational Rehabilitation, is funding available for extended supported employment services if needed to maintain successful employment? Yes No N/A

District Program Manager/Designee's Name:

District Program Manager/Designee's Signature: Date:

If the member will not be referred to Vocational Rehabilitation, will Employment Supports and Services be requested from the Division? Yes No N/A

If Yes, complete the question below and attach documentation explaining why a referral to Vocational Rehabilitation is not necessary.

Employment Specialist Name (Print or Type):

Employment Specialist Signature: Date:

Employment Specialist Phone Number: Email: