



NORTH CAROLINA REFERRAL FORM

Community Based Assessment

- Job Sampling
- Job Shadowing
- Situational Assessment

Work Adjustment

- Job Development
- Training

Supported Employment

- Supplemental Evaluation
- Job Development
- Intensive Training:
 - Job Site Training (T-38)
 - Job Site Follow-Up (T-66)

Referral Agency: _____ Counselor: _____

Email: _____ Telephone: _____

DVRS Case #: _____

Hours Authorized: _____ Effective Date for Authorization: _____

Documents Forwarded Include: NCDVR Referral Form Certificate of Eligibility Disability Documentation Supplemental Evaluation

CONSUMER DATA:

Name: _____ S.S. # _____

Address: _____

Telephone: _____ Date of Birth: _____

Diagnosis Primary: _____ Code#: _____

Data: Secondary: _____ Code#: _____

Notes: _____

| | | | |
|--------------------|-----------|-----------|------|
| Office Use: Case # | Counselor | Signature | Date |
|--------------------|-----------|-----------|------|