

**REFERRAL FORM**

**SERVICE** (Please check one):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Life Skills Training | <input type="checkbox"/> Independent Living Skills | <input type="checkbox"/> Situational Assessment         |
| <input type="checkbox"/> Supported Employment | <input type="checkbox"/> JCTS                      | <input type="checkbox"/> Counseling (Individual, Group) |
| <input type="checkbox"/> Private Pay          | <input type="checkbox"/> Vocational Evaluation     | <input type="checkbox"/> Therapeutic Consultation       |
|   | <input type="checkbox"/> Computer Skills Training  | <input type="checkbox"/> Skills Training Private Pay    |

Referral Agency: \_\_\_\_\_ Counselor: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

DRS Case #: \_\_\_\_\_ Status Code: \_\_\_\_\_

F/A Funding Source (Check One):  CSB  IRWE  LTESS  Other: \_\_\_\_\_

Hours Authorized: \_\_\_\_\_ Effective Date for Authorization: \_\_\_\_\_

Documents Forwarded Include:  DRS Referral Form  Certificate of Eligibility

**CONSUMER DATA:**

Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Diagnosis Data: Primary: \_\_\_\_\_ Code#: \_\_\_\_\_

Secondary: \_\_\_\_\_ Code#: \_\_\_\_\_

Notes: \_\_\_\_\_

Office Use: Case #	Counselor	Signature	Date
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