



"REALIZING LIFE'S POTENTIAL"

**REHABILITATION SERVICES
REFERRAL FORM**

<input type="checkbox"/> Oakland County Lydia Gray 29699 Southfield Road Southfield, MI 48076 PH:248-233-4480 FAX:248-559-0773 EML:LGRAY@JVSDDET.ORG	<input type="checkbox"/> Wayne County Sharon Washington 4250 Woodward Avenue Detroit, MI 48201 PH: (313) 833-8100 FAX: (313-833-3393 EML:SWASHINGTON@JVSDDET.ORG	<input type="checkbox"/> Macomb County Lydia Gray 29699 Southfield Southfield, MI 48076 (248) 233-4480 FAX: (248) 559-0773
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PARTICIPANT'S NAME:	REFERRAL AGENCY:
ADDRESS:	COORDINATOR:
CITY:	ZIP:
PHONE:	ADDRESS:
CONTACT PERSON:	PHONE:
CONTACT NUMBER:	EMAIL:
D.O.B:	REFERRAL DATE:
S.S. #:	

DISABILITIES:

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PHYSICAL/FUNCTIONAL LIMITATIONS:

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WHAT QUESTIONS DO YOU WANT ANSWERED AS A RESULT OF JVS SERVICES?

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WHAT BARRIERS TO EMPLOYMENT HAVE BEEN IDENTIFIED THUS FAR?

<input type="checkbox"/> LACK OF MARKETABLE WORK SKILLS	<input type="checkbox"/> DIFFICULTY IN INTERPERSONAL RELATIONSHIPS RELATIONSHIPS
<input type="checkbox"/> LIMITED SELF-HELP/DAILY LIVING SKILLS	<input type="checkbox"/> NO JOB GOAL
<input type="checkbox"/> MARGINAL OR NO WORK HISTORY	<input type="checkbox"/> DYSFUNCTIONAL ACADEMICS
<input type="checkbox"/> PROBLEMS WITH JOB RETENTION	<input type="checkbox"/> LIMITED PHYSICAL MOBILITY
<input type="checkbox"/> UNACCEPTABLE PERSONAL HYGIENE	<input type="checkbox"/> LACK OF CHILD CARE
<input type="checkbox"/> LACK OF INSIGHT INTO DISABILITY	<input type="checkbox"/> TRANSPORTATION PROBLEMS
<input type="checkbox"/> PHYSICAL/EMOTIONAL STAMINA	<input type="checkbox"/> PUBLIC OFFENDER
<input type="checkbox"/> INADEQUATE LIVING SITUATION	<input type="checkbox"/> NON-COMPLIANCE WITH MEDS/ COUNSELING
<input type="checkbox"/> LIMITED COMMUNICATION ABILITY	<input type="checkbox"/> OTHER

IS THE CLIENT ELIGIBLE FOR SECONDARY INJURY CERTIFICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, HAS THIS BEEN COMPLETED?	<input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT JVS SERVICES ARE YOU REQUESTING FOR YOUR REFERRED CLIENT?

<input type="checkbox"/> VOCATIONAL ASSESSMENT PACKAGE (INCLUDES SELECTED VOCATIONAL TESTING, AND/OR WORK SAMPLES, IN ADDITION TO 3 WEEKS OF SITUATIONAL ASSESSMENT PROGRAMMING)
<input type="checkbox"/> COMMUNITY-BASED SITUATIONAL ASSESSMENT: Please indicate types of jobs preferred:
<input type="checkbox"/> COMPUTER/CLERICAL ASSESSMENT __MS WORD __MS EXCELL __MS ACCESS __HELP DESK __DESKTOP PUBLISHING __INTERNET __PROGRAMMING __NETWORKING __COMPUTER BUILDING\REPAIR
<input type="checkbox"/> VOCATIONAL INTEREST AND APTITUDE TESTING
<input type="checkbox"/> JOB SHADOWING
<input type="checkbox"/> WORK ADJUSTMENT TRAINING (WORKSHOP AND/OR COMMUNITY WORK SETTINGS)
<input type="checkbox"/> SUPPORTED JOB SEARCH
<input type="checkbox"/> JOB COACHING: NUMBER OF WEEKS: 3 4 5 6 OTHER:
<input type="checkbox"/> JOB RETENTION SERVICES: NUMBER OF MONTHS __ 3 __ 6 __ 12
<input type="checkbox"/> VOCATIONAL TRANSITION PROFILE
<input type="checkbox"/> OTHER

IF REFERRING DIRECTLY FOR JOB SEARCH SERVICES WITHOUT AN ASSESSMENT, PLEASE LIST JOB GOAL(S) THAT CONSUMER IS INTERESTED IN PURSUING:

PLEASE INDICATE THE TRANSPORTATION CONSUMER WILL BE USING DURING PROGRAM:
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ASSESSMENT REMINDERS:

In an effort to provide effective and timely services, it is helpful if the following documents are included with Situational Assessment referrals: __Physical Capacities Assessment/ Medical Release/ Authorization for a Physical and/or TB Test; __Psychological Evaluation; __Resume (if available)

FUNDING INFORMATION:

INSURANCE CO. INCLUDING ADDRESS AND PHONE NUMBER:

CONTACT PERSON:

CLAIM #:

DOI:

THE INSURANCE COMPANY HAS AUTHORIZED PAYMENT FOR THIS SERVICE. YES NO

SIGNATURE

DATE