



Referral Form

(Note: items in bold are required information)

MY PERSONAL INFORMATION:

Date: ____/____/____

SS#: ____ - ____ - ____

I am a previous Voc Rehab Client: Yes No If Yes, Where? _____

Last Name: _____

First Name: _____

Middle: _____

Preferred Name: _____

Gender: _____

Birth Date: ____/____/____

Previous Last Name: _____

MY ADDRESS:

Home Address: _____

City: _____ State: ____ Zip: ____ - ____

County: _____

Mailing Address: _____

City: _____ State: ____ Zip: ____ - ____

County: _____

Primary Phone: (____) - ____ - ____

Voice

TDD

Fax

Second Phone: (____) - ____ - ____

Voice

TDD

Fax

E-mail: _____

Select one or more of the following races/ethnicities:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Black | <input type="checkbox"/> White |

Primary Language: _____
English ASL Spanish Other

Special Correspondence Format Needed? Audio Tape Braille Large Print

Special Language Needs: Yes No

If Yes, Explain: _____

Miscellaneous Personal Characteristics Checkbox List : None U.S. Citizen Work Permit

CONTACTS: (Examples: Family, Friends, PO, Case Worker Etc.)

	Name	Relationship	Phone	Ext.#	Voice/ TDD/ Fax
1.			(____)-____-____		
2.			(____)-____-____		
3.			(____)-____-____		

What are my current living arrangements? (Private Residence, Halfway House, Shelter Etc.)

Marital Status: Married Widowed Divorced Separated Never Married

Spouse's Name: _____

Who referred me to Voc Rehab: _____

FINANCIAL:

Number of family members living with me: _____ Number of Dependents: _____

Names and ages of children: _____

Currently owe Child Support: Yes No Amount: \$ _____

My Primary Source of Support: (Current Earnings, Friends & Family, Public Assistance, Etc.)

My Work History

- Approximate dates and salary are needed
- Please make sure to include negative work history so that we better know your needs

	Employer Name and Address	Job Title	Job Duties	Date Started & Date Ended	# Hours Per Week	Salary: Starting & Ending	Reason for Leaving
1							
2							
3							
4							
5							

DISABILITIES:

I have been diagnosed or treated for the following disabilities:

(Physical, Injuries, Mental Health, Depression, Substance Abuse (drug and/or alcohol) , Learning Disability etc.)

My disability makes it difficult to:

(Describe how it affects you in the space provided)

- Stand Walk Sit Lift Bend Use Hands or Feet

Explain: _____

- See Hear Read Write

Explain: _____

- Concentrate Remember Learn Understand

Explain: _____

- Handle Stress Control Emotions Work with Others Communicate

Explain: _____

Other: _____

Explain: _____

I am participating in the following program(s):

- | | |
|---|---|
| <input type="checkbox"/> Adult Correction | <input type="checkbox"/> None |
| <input type="checkbox"/> General VR Kidney | <input type="checkbox"/> Community Supported Employment |
| <input type="checkbox"/> Juvenile Correction | <input type="checkbox"/> IDOC Re-entry Program |
| <input type="checkbox"/> School-Work | <input type="checkbox"/> IDOC-CCE, Program 13 |
| <input type="checkbox"/> DJC Re-entry Program | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Migrant Service Coordination Grant Under 304 | <input type="checkbox"/> Medicare |
| | <input type="checkbox"/> Migrant Farm Worker not in Section 304 Project |

Have you been convicted of a felony: Yes No

Describe: _____

Probation/Parole officer is: _____ IDOC # _____

Date Probation Started _____ Completion Date _____ Restitution owed _____

Current & Valid Driver's License: Yes No (explain) _____

Veteran: Yes No

DOCUMENTATION

How do you think Vocational Rehabilitation can help you get a job and keep one?

What are your employment needs?

*****AGENCY USE ONLY*****

Next step in establishing eligibility:

Additional information or comments:
