

# Referral to or from a Supported Employment Program

(THIS IS NOT AN AUTHORIZATION for the provision of supported employment services.)

A confirmation letter will be sent upon approval of these services.)

VES-415 (3/98)

Instructions: Check type of referral, then complete both sides of the form

VESID Referral to SE Program: Complete address at right & SE address below

SE Program Referral to VESID: Complete address at right & VESID address below

Print or type the SE Program or VESID mailing address below

NAME & ADDRESS

SE PROGRAM CONTACT or VESID STAFF CONTACT		
SE PROGRAM or DISTRICT OFFICE NAME		
MAILING ADDRESS <i>Street</i>		
City, State, and Zip		
AREA CODE & PHONE NUMBER		
REFERRAL DATE	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	<i>Month</i>	<i>Day</i>
		<i>Year</i>

Fold on this line if you send the form in a window envelope

CONSUMER NAME <i>Last</i>		<i>First</i>		<i>Middle Initial</i>		CONSUMER AREA CODE & PHONE NUMBER	
CONSUMER ADDRESS <i>Street</i>				<i>City</i>		<i>State</i> <i>Zip Code + Zip4</i>	
SOCIAL SECURITY NUMBER			VESID CONSUMER ID No. (if appropriate)			DATE OF BIRTH	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/>	
						<i>Month</i> <i>Day</i> <i>Year</i>	

**For Supported Employment Provider use only**

INTENSIVE SE CONTRACT NUMBER		PROJECTED EXTENDED SERVICES PROVIDER NAME	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
CONSUMER'S PRIMARY DISABILITY			CONSUMER'S SECONDARY DISABILITY
Functional Limitations (Check three or more - see reverse side for description. Supporting documentation must be attached for any box checked.)			
<input type="checkbox"/> Cognition	<input type="checkbox"/> Interpersonal	<input type="checkbox"/> Self Care	<input type="checkbox"/> Work Skills
<input type="checkbox"/> Communication	<input type="checkbox"/> Mobility	<input type="checkbox"/> Self Direction	<input type="checkbox"/> Work Tolerance
			<b>FOR VESID USE ONLY</b> Individual meets most severely disabled criteria? YES <input type="checkbox"/> NO <input type="checkbox"/>

Relevant Educational / Vocational History

Current Vocational Interests

Suggested Vocational Goal

Health Information (including medications)

Attitudinal, Behavioral, and Environmental Factors

Assistive Devices, Transportation, and ADL Needs

Other Concurrent Services or Treatment

*Please list reports attached*

### Functional Capacities

*Cognition:* Learning, reasoning, problem solving, perception, and judgment. Also includes ability to analyze, discriminate, organize, and memorize. These processes allow individuals to assimilate information and learn specific skills related to job functions. Consider also when affected by anxiety, drowsiness, medication, etc.

*Communication:* Ability to transmit and/or receive information through spoken, written, or other nonverbal means.

*Interpersonal:* Ability to establish and/or maintain personal, family, or community relationships as it affects job performance.

*Mobility:* Ability to move from work or within a work environment, including walking, climbing, coordination, accessing, and using transportation, as well as use of spatial and perceptual relationships.

*Self Care:* Ability to perform activities of daily living including eating, toileting, grooming, dressing, cooking, shopping, washing, housekeeping, money management, and health and safety needs to participate in training or work related activity.

*Self Direction:* Ability to independently plan, initiate, organize, make decisions, and carry out daily life activities necessary for employment after self-care needs have been met.

*Work Skills:* Ability to demonstrate specific tasks and work-related behaviors to carry out job functions as well as the capacity to benefit from training necessary to obtain and maintain appropriate employment.

*Work Tolerance:* Capacity to meet the demands of the work place regardless of the work skills already possessed by the individual. Limitations may be due to physical disability, stamina/fatigue, effects of medication, or psychological factors.