**Employment Services (ES) Referral to Vocational Rehabilitation (VR)**

**Client Information**

Name:       Date of Referral:

Address:       Months of TANF Received:

       KEES Case #:

County:       DOB:

Phone:       SSN:

Email:       Gender:

**Recipient of:** **Applicant for:**

[ ]  TANF $       per month [ ]  Medical [ ]  SSI

[ ]  Food Assistance $       per month [ ]  SSI $       per month [ ]  SSDI

[ ]  Child Care Plan in Place [ ]  SSDI $       per month

**Employment Services Program:** [ ]  TANF [ ]  GOALS [ ]  E&T

Career Navigator (CN):

CN Phone:

CN Email:

**Status with Employment Services:** [ ]  Exempt [ ]  Mandatory[ ]  Voluntary

**Hours Required Each Week to Meet Federal Participation**:

Client has an open Alcohol and Other Drug Assessment and Treatment activity?  [ ]  Yes [ ]  No

Describe the basis of the client’s incapacity/disability:

CN should attach copies of the client’s most recent medical statement within the past 5 years, client’s evaluations completed within the past 5 years, and client’s current Self-Sufficiency Agreement.

The client has completed the following trainings:

Describe the client’s interest in work or their feelings about work:

Date Client Notified of the Referral:

**Employment Services Career Navigator:**    **Date:**

CN will send the referral to the Vocational Rehabilitation Senior Administrative Assistant for the local office.