**Referral to Rehabilitation Services**

**Client Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral to RS**

EES Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Referral:\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant for the following:

\_\_\_\_\_\_ TANF

\_\_\_\_\_\_ Food Assistance

\_\_\_\_\_\_ Medical

\_\_\_\_\_\_ Child Care

\_\_\_\_\_\_ SSI

\_\_\_\_\_\_ SSDI

Recipient of the following:

\_\_\_\_\_\_ TANF$\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Food Assistance$\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Medical

\_\_\_\_\_\_ Child Care

\_\_\_\_\_\_ SSI $\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ SSDI $\_\_\_\_\_\_\_\_\_\_

Status with EES:

\_\_\_\_\_\_ Exempt

\_\_\_\_\_\_ Mandatory

\_\_\_\_\_\_ Voluntary

TANF Months used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the basis of the client’s incapacity/disability and attach copies of any available medical, psychological or psychiatric reports. (Such as: TABE, CDC/Vocational Assessment, SASSI, Self-Sufficiency Agreement, LD Information, Medical Providers, Psychological Evaluation, Initial Assessment Information, EES Screening Tool, Definitive Medical Report.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client has been notified of the Referral:\_\_\_\_\_\_

**Case Manager Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_