

## 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:

TANF \$\_\_\_\_\_ per month

Medical

Food Assistance \$\_\_\_\_\_ per month

SSI \$\_\_\_\_\_ per month

Child Care Plan in Place

SSDI \$\_\_\_\_\_ per month

### Applicant for:

SSI

SSDI

### 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 VR Senior Administrative Assistant for the local office. If the local office doesn't have a VR Senior Administrative Assistant, the referral should be sent directly to the VR Counselor responsible for that office.