



## **Program Referral Checklist**

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### **Initial Documentation**

Referral Form (attached)

Assessment for Determining Eligibility

Vocational Rehabilitation Needs

Medical and Psychological Reports

School Transcripts and/or Achievement Records

### **Upon Request**

Letter from Corrections Official (Probation, parole, corrections)

Criminal Behavioral Assessment

### **Referral Intake/Orientation**

Upon acceptance of the referral, ODC will contact the referral agency to schedule a meeting with all persons involved in the referral's case management.

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The Occupational Development Center, Inc. and its subsidiaries are equal opportunity-affirmative action employers, service providers, and contractors, and do not discriminate in the admission of referrals based on race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance. The Occupational Development Center is committed to full accessibility of its programs. Notify the Division Coordinator if you need an interpreter, reader, have mobility requirements, or need any other accommodation at any time throughout the referral process.





Services or conditions mandated by the court:

Failure to disclose a criminal record may increase the likelihood that the referral will be denied program admission. The Bureau of Criminal Apprehension's website will be used to verify criminal records. Based on the criminal history and nature of offenses, additional documentation may be required prior to acceptance.

HIGHEST GRADE COMPLETED (K-16): \_\_\_\_\_

Special Ed. (which program): \_\_\_\_\_ Regular Classes: Yes No

Other Training (please state): \_\_\_\_\_

**REFERRAL AGENCY**

Agency Referring Agent's Full Signature Phone Number

Address City State Zip

**Who is to be billed for services if not agency above:**

Billing Contact Person Referral's Account #

Company Billing Address City State Zip

AGENCIES CURRENTLY ACTIVE WITH THE PERSON YOU ARE REFERRING (or names & addresses of other individuals who should be invited to the intake):

AGENCY	WORKER'S NAME	ADDRESS

Referral's Work History (please list past employers to include dates of employment, job title, rate(s) of pay, and reason for leaving): \_\_\_\_\_

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

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Services ODC is to provide your referral (such as Employment Planning Services, Organizational Employment Services, Job Placement, etc.):

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If you are referring your referral for Employment Planning Services, please list specific referral questions to be answered:

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**\*\*PLEASE ATTACH ALL DOCUMENTATION AS LISTED ON THE CHECKLIST\*\***

If this information is not attached, the referral will not be accepted.

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**THANK YOU**

### **BACKGROUND CHECK INFORMATION**

ODC may conduct a background investigation as part of its assessment of any program referrals. The primary objective of any investigation will be to verify information provided on the referral forms and to verify eligibility requirements for ODC programs.

Please complete the information below regarding any referral.

FIRST	FULL MIDDLE	LAST
STREET ADDRESS		
CITY	STATE	ZIP CODE
PHONE (____)	E-MAIL	

Please list other names used and dates of name change in the last ten years:

FULL NAME	DATE
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FULL NAME

DATE

DOB:

SSN:

SEX: Male Female

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RESIDENCES: Please list residences in the last 10 years

State	City	County	Years:	to
State	City	County	Years:	to
State	City	County	Years:	to
State	City	County	Years:	to

Consumer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_