**IPS Employment Referral** Consent to release info on file.

Functional Assessment Attached

Diagnostic Info Attached.

**Date:**

**Name of Individual:**       **File Number**:

**Full Address**:       **Date of Birth:**

**Phone Number**:

**Email:**

**\*\*Individuals Diagnosis and corresponding diagnostic code – Please attach diagnostic information** (Attach DA and FA if applicable):

**Best time to reach individual?** Click or tap here to enter text.

The individual agrees to Referral Rapid Engagement Additional providers on case

Other Providers on case: VRS ODC Probation Social Services

Outpatient MH Psychiatry/Med Management Other

**Employment Information**

Individual’s readiness for employment (stages of change, check applicable)

Pre-contemplation Contemplation Preparation Action

Maintenance Recent Termination

What is the person saying about work/why are they wanting to work now?

What type of work is the individual looking for?

What are the person’s strengths for employment?

What jobs might be a good match for the person?

**Staff Person Referring:** Click or tap here to enter text.