

**Program Referral**

**Initial Documentation**

Referral Form (attached)

Assessment for Determining Eligibility (Individual must have three or

more functional limitations, or have a diagnosis of a disability)

Vocational Rehabilitation Needs

Guardianship Documentation (if applicable)

Medical and Psychological Reports (Examples of documentation to provide if available current diagnostic assessment, functional assessment, annual physical, and list of medications)

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.

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.

**OCCUPATIONAL DEVELOPMENT CENTER, INC**

**REFERRAL FORM**

**REFERRAL INFORMATION DATE OF REFERRAL:**

**REFERRAL NAME:**       **DOB:**       **SOCIAL SECURITY #:**

**ADDRESS:**       **SEX:**      

**IS THE REFERRAL OVER 18 YEARS OF AGE?** YES NO

**CONTACT PERSON/GUARDIAN:**

**ADDRESS FOR GUARDIAN:**       **PHONE NUMBER FOR GUARDIAN:**

**PRIMARY DISABILITY:       DATE OF ONSET:**

**SECONDARY DISABILITY:**       **DATE OF ONSET:**

**MEDICATIONS:**

**ALLERGIES:**

**MEDICAL ASSISTANCE #:**

**INCOME SOURCE:**

**SPECIAL ACCOMMODATIONS NEEDED:**

**PLEASE INDICATE ANY SIGNIFICANT PROBLEMS OR CONCERNS WHICH REFERRAL MAY HAVE:**

**ARE THERE ANY CULTURAL OR LANGUAGE ISSUES THAT MAY NEED TO BE ADDRESSED FOR THIS REFERRAL?**

**IS THE REFERRAL RECEIVING OR ELIGIBLE FOR MEDICAID, MEDICARE OR OTHER GOVERNMENTAL HEALTH CARE PROGRAM?**

YES NOIF YES, PROGRAM NAME:

**DOES THE REFERRAL HAVE A CRIMINAL AND/OR JUVENILE COURT RECORD?** YES NO

|  |  |
| --- | --- |
| **STATE/COUNTY:** |  |
| **OFFENSES:** |  |
| **SERVICES OR CONDITIONS MANDATED BY THE COURT:** |  |

*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 EDUCATION** (WHICH PROGRAM):       **REGULAR CLASSES:** YES NO

**OTHER TRAINING OR CERTIFICATIONS** (PLEASE STATE)**:**

**REFERRAL AGENCY**

**AGENCY NAME:**       **NAME OF PERSON REFERRING:**

**ADDRESS:**       **PHONE NUMBER:**

**EMAIL:**      

**WHO IS TO BE BILLED FOR SERVICES IF NOT AGENCY ABOVE:**

**COMPANY NAME:**

**BILLING CONTACT PERSON:**       **ADDRESS:**       **PHONE NUMBER:**

**EMAIL:**

**AGENCIES CURRENTLY ACTIVE WITH THE PERSON YOU ARE REFERRING** (OR NAMES AND ADDRESSES OF OTHER INDIVIDUALS WHO SHOULD NOT BE INVITED TO THE INTAKE):

**AGENCY WORKER’S NAME ADDRESS**

**REFERRAL’S WORK HISTORY** (PLEASE LIST PAST EMPLOYERS TO INCLUDE DATES OF EMPLOYMENT, JOB TITLES, RATE(S) OF PAY, AND REASON FOR LEAVING):

**SERVICES ODC IS TO PROVIDE YOUR REFERRAL** (SUCH AS EMPLOYMENT PLANNING SERVICES, ORGANIZATIONAL EMPLOYMENT SERVICES, JOB PLACEMENT, ETC.):

**IF YOU ARE REFERRING YOUR REFERRAL FOR EMPLOYMENT PLANNING SERVICES, PLEASE LIST SPECIFIC REFERRAL QUESTIONS TO BE ANSWERED:**

# FUNCTIONAL LIMITATIONS (PLEASE FILL OUT ATTACHED DOCUMENT)

To be eligible for the extended employment program each individual must have "Serious functional limitations to employment” means the worker experiences significant barriers to competitive employment, as defined in [Subpart 6](file:///C:\Users\cliend\Downloads\ee-final-rule-draft%20(2).docx#DefCompEmplymt), in three or more of the following functional areas affecting the worker’s ability to maintain competitive employment and advance in competitive employment, and the worker requires ongoing employment supports to mitigate the effect of the limitations and achieve employment goals. For the purposes of parts 3300.2005 to 3300.2055: In addition, these functional limitations to employment must be determined by either: (1) independent source documentation from the worker’s referral source and disability information from medical records provided by a qualified healthcare professional as defined by [3300.2005, subpart 50](file:///C:\Users\cliend\Downloads\ee-final-rule-draft%20(2).docx#DefQualifiedHealthcareProfessional), and documented in the provider's intake reports or; (2) the Vocational Rehabilitation Services’ counselor and eligibility information and referral reports given to the provider at the time of referral and intake

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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

**FUNCTIONAL LIMITIONS:** (CHECK ALL THAT APPLY)

|  |
| --- |
|  |

**Name of Individual**:

**Mobility:** A serious limitation in the ability to move about from place to place without accommodations\* due to physical or psychological impairment.

Needs assistance from others or other accommodations\* to participate in job training and work

activities

Vocational training or work opportunities are limited to physically accessible sites

Unable to leave home to participate in job training and work activities

Other -

**Self-Direction:** A serious limitation in the ability to independently plan, initiate, problem-solve, organize or carry out work-related or training-related activities.

Unable to independently plan and manage or solve problems during job preparation or employment-related tasks

Severe difficulty in remaining on-task to complete required training or employment tasks in assigned

time period due to being easily distracted or having a short attention span

Requires substantially more supervision than others at work or in training due to disorientation and

confusion

Inability to recognize the consequences of, or self-correct, inappropriate behaviors in a job search, on the job, or in training, leading to problems with job retention or job safety

Impairment results in severe difficulty adjusting to new job preparation or employment situations

Other -

**Self-Care:** Individual is dependent upon other people, a service, or a device, to manage eating toileting, grooming, dressing, money management, health or safety, to participate in training or work activities.

Safety or well-being is at risk in vocational training or at work due to poor judgment or disability

management

Significant deficits in grooming or personal hygiene limit access to employment

Poor money management seriously limits the person’s ability to participate in vocational training or

work activities

Needs assistance for personal needs or health care procedures to participate in vocational activities

Other -

**Interpersonal Skills:** A serious limitation in the ability to establish and maintain relationships with others which limit job preparation, job acquisition, job performance and/or job security.

In appropriate or disruptive behavior leads to negative consequences in vocational training and/or at work

Severe difficulty understanding acceptable levels and types of relationships negatively affects ability

to prepare for, enter, engage in, or retain employment

Social isolation, withdrawal, or rejection substantially limits vocational opportunities

Work relationships seriously impeded by talking that is excessive, halting, illogical, irrelevant, or is

unnatural

Serious problems interpreting and responding appropriately to the behavior and communications of

others in vocational or training activities

Other -

**Communication:** A serious limitation in the ability to effectively give and receive information through spoken words, writing or listening; or dependent on another person or adaptations in order to communicate (not due to cultural/language factors).

Requires speech reading, sign language, real-time captioning, language board, written aids or other

visual cues to participate in conversation needed to prepare for, enter, engage in, or retain

employment

Speech is not readily understood by others on first contact, seriously limiting interaction in work or

training

Severe difficulty understanding and processing verbal communication needed to successfully

prepare for, enter, engage in, or retain employment

Severe difficulty with functional writing seriously limits ability to write at work, or independently

complete job applications

Lacks functional reading skills sufficient to follow written directions at work or read job applications

Severe difficulty with verbal communication needed to successfully interview or perform vocational

Activities

Other -

**Work Tolerance:** A serious limitation in capacity and/or endurance due to a physical or psychological impairment to the extent that the individual requires modification, adaptive technology and/or special accommodations\* not typically made for other people.

Requires accommodations\* or modifications for capacity and endurance to prepare for, enter,

engage in, or retain employment

Requires assistive/adaptive technology(ies) for capacity and endurance to prepare for, enter,

engage in, or retain employment

Experiences significant episodic functioning which substantially limits ability to work consistently

Other -

**Work Skills:** Serious limitation in the ability to perform specific tasks or in the capacity to benefit from training required to carry out job functions.

Impairment limits vocational choices to routine and repetitive job tasks

Impairment seriously limits the development of skills which others of equivalent age and education

have typically developed, and which are necessary to obtain or maintain employment

Severe difficulty in learning, retaining, or integrating new information relevant to employability

Speed or quality of performing entry-level work tasks is below competitive standards

Requires special training, accommodations, or technology to learn and/or perform work skills

Lacks transferrable skills to perform appropriate employment

Other -

\*Note: Accommodations means special working conditions, job re-engineering, rehabilitation technology, or substantial support and supervision.

**SIGNATURE OF REFERRAL SOURCE:**

**AGENCY NAME:**       **DATE:**      

**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**

**PHONE NUMBER       EMAIL**

**PLEASE LIST OTHER NAMES USED AND DATES OF NAME CHANGE IN THE LAST TEN YEARS:**

**FULL NAME:       DATE:**

**FULL NAME:       DATE:**

**DOB:       SSN:       SEX: MALE  FEMALE**

**RESIDENCES: PLEASE LIST RESIDENCES IN THE LAST 10 YEARS**

**STATE       CITY       COUNTY       YEARS     TO**

**STATE      CITY      COUNTY      YEARS     TO**

**STATE      CITY      COUNTY      YEARS     TO**

**STTAE      CITY      COUNTY      YEARS     TO**

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

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