

**Supported Employment Referral
Community Counseling Services**

Referring Organization _____

Rev 01/17

Case Name: _____

Case Id#: _____

Date: _____

Type of Referral: IDD

SMI

Transitional Student? Yes No

Person Making Referral: _____ Date of Referral: _____

Client's Name: _____

Address: _____

Phone: _____ Phone 2: _____

Email: _____ Best way to reach client: _____

Primary MH worker: _____

Please include some information about the person's illness (diagnosis, symptoms).

What barriers might this person's illness/substance abuse present for employment?

What are some of the person's strengths? (experience, training, personality, supports)

What is the person saying about work? Why does s/he want to work now?

What type of job is the person seeking?

What job (type of job, hours) do you think would be a good match?

Signature

Date

(By signing this document, I agree to work with Supported Employment services to help this person achieve their employment goals.)