

**Employment Works  
Referral Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Sex: \_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Counselor: \_\_\_\_\_

Transportation: Car      Bus      Family/Friend      Other

Employment Goals and Objectives (IPE):

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

Education History: \_\_\_\_\_

Employment History: \_\_\_\_\_

Has the participant ever been fired or released from work duties: Y or N

If yes, explain: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary: \_\_\_\_\_

What limitations are caused by disability?: \_\_\_\_\_

\_\_\_\_\_

What funding sources currently exist for participant (SSI, SSDI, etc.) \_\_\_\_\_

\_\_\_\_\_ How much?: \_\_\_\_\_

Any other obstacles or information that would be

helpful?: \_\_\_\_\_

Reason for Referral: Situational Assessment \_\_\_\_ Job Seeking Skills \_\_\_\_

Job Placement \_\_\_\_ Job Coaching \_\_\_\_ Job Club \_\_\_\_ Other \_\_\_\_\_

Referral Source Signature \_\_\_\_\_ Date \_\_\_\_\_

EW Staff \_\_\_\_\_

Date Revised 11/05