



REFERRAL REQUEST

Lori Koski, Vocational Coordinator
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Updated 5/1/2010

CLIENT INFORMATION

Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City			State	ZIP	
Home Phone			Mobile Phone		
Email Address					
Date of Birth			Social Security #		
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Race		
Primary Disability					
Additional Concerns / Disabilities					

SERVICE INFORMATION

Services Requested	<input type="checkbox"/>	Job-Seeking Skills Training	<input type="checkbox"/>	Job Placement	<input type="checkbox"/>	Job Development		
	<input type="checkbox"/>	Vocational Evaluation	<input type="checkbox"/>	Work Adjustment	<input type="checkbox"/>	Job Coaching		
	<input type="checkbox"/>	Extended Employment Support			<input type="checkbox"/>	Other		
Comments / Special Requests								
Job Goals								
Transportation available for Job Search	<input type="checkbox"/>	Personal Auto	<input type="checkbox"/>	Family / Friend Auto	<input type="checkbox"/>	Taxi Service	<input type="checkbox"/>	Other

LIMITATIONS & REQUIREMENTS – PLEASE LIST ANY NECESSARY ACCOMMODATIONS

Functional Limitations	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Interpersonal Skills	<input type="checkbox"/>	Self-Care / Hygiene
	<input type="checkbox"/>	Communication	<input type="checkbox"/>	Work Skills	<input type="checkbox"/>	Work Tolerance
	<input type="checkbox"/>	Other				
Employment Accommodations						
Cultural Implications / Accommodations						

CRIMINAL HISTORY

Felonies:	Misdemeanors:
Additional Comments / Information	

COUNSELOR INFORMATION

Referring Agency	
Counselor's Name	
Counselor Phone	Counselor email
Date	