

E1MN

Common Referral Form

Vocational Rehabilitation Services/State Services for the Blind (VRS/SSB), schools and waiver professionals referring participants for services

Date: _____

Release of Information attached

REFERRING AGENCY INFORMATION

Name and title: _____

Agency: _____

Address: _____

Email: _____

Phone number: _____

PARTICIPANT INFORMATION

Name: _____

Address: _____

Email: _____

Phone number: _____

GUARDIAN

Does the person have a guardian? (if yes, include information) Yes No

Name: _____

Address: _____

Email: _____

Phone number: _____

WAIVER

Is the person on a disability waiver? (if yes, include information) Yes No

BI CAC CADI DD

WAIVER CASE MANAGER/SOCIAL WORKER

Name: _____

Address: _____

Email: _____

Phone number: _____

SCHOOL

Is the person in school? (if yes, include information) Yes No

School staff name and title: _____

School district: _____

Email: _____

Phone number: _____

VRS/SSB

Does the person use VRS/SSB? (if yes, include information) Yes No

VRS/SSB staff name and title: _____

Office location: _____

Email: _____

Phone number: _____

When making referral to VRS/SSB, include medical documentation of disability, if available.

EMPLOYMENT SERVICE PROVIDER

Does the person have an employment service provider? (if yes, include information) Yes No

Agency name: _____

Contact person: _____

Email: _____

Phone number: _____

Waiver (245D)

VRS/SSB

Both

WHAT PHASE IS THIS PERSON IN?

Engage

Plan

Find

Keep

Engage	Plan	Find	Keep
Waiver employment exploration services Results in: An informed choice • Barriers and concerns addressed • Lived experience • Risk/benefits of choice	Waiver employment development services (planning phase) Results in: Preliminary employment goals • Portfolio to springboard job search	VRS/SSB job search and stabilization services Results in: Competitive, integrated employment	Waiver employment support services Results in: Maintaining employment
Waiver (DHS)	Waiver (DHS)	VRS/SSB (DEED)	Waiver (DHS)

WHAT EMPLOYMENT PORTFOLIO ITEMS ARE INCLUDE WITH THE REFERRAL?

Benefit Look up

DB101 Estimator results

Integrated Supports Star

Interest Inventory

Learning log

Life Trajectory

Personal Profile

Positive Summary

Resume

Sample application

Work team contacts

Other: _____

WHAT ARE THE PERSON’S NEEDS FOR THE SERVICE THAT IS REQUESTED?

Discussing the possibility of work

Finding a provider

Verifying the benefits

Getting a Social Security card

Transportation

Work-related housing issues

Arrangements, like childcare

Work evaluation

Benefits planning

Disability disclosure

Accommodation and support

Resume and references

Identify supports

Getting disability documentation

Securing long-term employment supports

Setting up My Vault account

Identify abilities, skills and interests

Preliminary job goals

Labor market information

Job shadow/informational interview

Understanding competitive, integrated employment

Cultural considerations

Help with managing criminal background

Credit report

Work history

Finding a job

Other: _____