

KRS SERVICE REFERRAL

VR Counselor:

VR Client:

Client Address:

Client Phone:

Client Email:

Client's work skills, conditions, preferences, and interests:

Full Time

Part-Time

Number of Weekly Hours:

Vocational Objective:

(Recommend other pertinent Client information be shared with the provider to assist them in making a service decision.):

Current information on Client's identified employment barriers and how to address:

Barrier 1:

How was or will the barrier be addressed?

Barrier 2:

How was or will the barrier be addressed?:

Barrier 3:

How was or will the barrier be addressed?:

Barrier 4:

How was or will the barrier be addressed?

(Additional information on barriers can be added to this section)

Counselor identifies purpose/outcome of Service:

Does the level and intensity of support needs require extended ongoing services? Yes No

Is there a Supported Employment IPE? Yes No

(See definition of supported employment services for further clarification)

Client:

VR Counselor:

Referral to Contractor for Requested Services (Check Service):

Vocational Assessment	Job Preparation – Level 1
Independent Living Assessment	Job Preparation – Level 2
Community Based Work Assessment	Job Preparation – Level 3
Assistive Technology Assessment	Guided Placement
IPE Research	Customized Placement
IPE Coordination	(SE IPE) = Yes No
Purchasing Support	Job Coaching
Assistive Technology Service	Community Job Tryout
Orientation and Mobility	Rehabilitation Teaching
Rehabilitation Engineering Service	Psychological Evaluation

Contractor Acceptance or Denial of Service Referral (Return Service Referral within 7 days):

Contractor Name:

Referral Accepted: Yes No

Service to Begin:

Provider Contact Name:

Email:

Phone:

Reason for Referral Rejection:

Contractor's Signature:

Date: