

## KRS SERVICE REFERRAL

Name of Consumer:

VR Counselor:

**Consumer's work skills, conditions, preferences and interest:**

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

**Current information on consumer'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?

(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)

### Referral to Contractor for Requested Services (Check Service):

- |   |  |
|---|--|
| <input type="checkbox"/> Vocational Assessment              | <input type="checkbox"/> Job Preparation – Level 1           |
| <input type="checkbox"/> Independent Living Assessment      | <input type="checkbox"/> Job Preparation – Level 2           |
| <input type="checkbox"/> Community Based Work Assessment    | <input type="checkbox"/> Guided Placement                    |
| <input type="checkbox"/> Assistive Technology Assessment    | <input type="checkbox"/> Customized Placement (SE IPE = Y N) |
| <input type="checkbox"/> Assistive Technology Service       | <input type="checkbox"/> Job Coaching                        |
| <input type="checkbox"/> Rehabilitation Engineering Service | <input type="checkbox"/> Community Job Tryout                |

(Required for Job Preparation, Guided and Customized Placement Services)

RS Management Review: ☐ Approve ☐ Deny ☐ More Information Needed

Signature/Date: \_\_\_\_\_

### 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: Phone: Email:

Reason for Referral Rejection:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_