REFERRAL FOR EMPLOYMENT SERVICES
NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
DIVISION OF VOCATIONAL REHABILITATION
SFN 1092 (9-2019)

Applicable Program (check one)

☐ **Customized Employment (Only Approved Providers)** ☐ **On-the-Job Supports, Short-term**
☐ **Specialized Job Placement** ☐ **Supported Employment** ☐ **Work Experience**

Name	Telephone Number

Email Address	Cell Phone Number

Address	City	State	ZIP Code

VR Counselor Name	VR Counselor Telephone Number	Referral Date

Employment Goal	Number of hours the client would like to work

Barriers to Work: (continue on next page if additional space is needed)

The individual will need the Community Rehab Provider to perform the following services: (continue on next page if additional space is needed)

Once Employed the individual would like to receive the following services: (continue on next page if additional space is needed)

Check all that apply for the required documentation that will accompany the referral to a Community Rehab Provider for services:

☐ Eligibility Statement ☐ Intake Narrative ☐ Generic Job Application
☐ IPE ☐ Release of Information ☐ Other (specify): _____
☐ Authorization ☐ Resume

Services will not begin until signatures have been obtained from the individuals listed below:

VR Counselor	Date

Client	Date

Guardian (if applicable)	Date

CRP Representative	Date

Original retained in client's file
Copy to client and provider

Barriers to Work: (continued from page 1)

The individual will need the Community Rehab Provider to perform the following services: (continued from page 1)

Once Employed the individual would like to receive the following services: (continued from page 1)