



COMMUNITY REHABILITATION PROVIDER REFERRAL
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 DIVISION OF VOCATIONAL REHABILITATION
 SFN 1626 (6-2022)

Client Name		Telephone Number	
Email Address		Cell Phone Number	
Address	City	State	ZIP Code
VR Counselor Name	VR Counselor Telephone Number	Referral Date	

Section One: Assessment and Evaluation Services

If the individual **does not** require assessment and evaluation services skip to Section 2: Employment Services

Trial Work Services (Assessment and Evaluation Services)

Payment Rate	Number of Trial Work Experiences	Length of Time for Each Trial Work Placement
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Number of Approved Hours for Each Trial Work Placement	Expected Completion Date for the Trial Work
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Trial Work Assessment Areas

Who will cover the Workforce Safety & Insurance (WSI) coverage?

Community Rehab Provider Vocational Rehabilitation Other (specify):

Required documentation that will accompany the referral to a Community Rehab Provider for Trial Work services (check all that apply)

Authorization Release of Information Resume/Work History Other (specify):

Situational Assessment Services (Assessment and Evaluation Services)

Number of Situational Assessments	Length of Time for Each Situational Assessment
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Situational Assessment Area	Expected Completion Date for the Situational Assessment
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1.	
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2.	
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3.	
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Who will cover the Workforce Safety & Insurance (WSI) coverage?

Community Rehab Provider Vocational Rehabilitation Other (specify):

Required documentation that will accompany the referral to a Community Rehab Provider for services (check all that apply)

Eligibility Statement Release of Information Authorization Intake Narrative

Section 2: Employment Services

Applicable Program (check one)

Student Work Experience Adult Work Experience

On-the-Job Supports, Short-term Job Development and Placement

Supported Employment Customized Employment (Only Approved Providers)

Employment Goal	Number of Hours the Client Would Like to Work Each Week
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