



**COMMUNITY REHABILITATION PROVIDER REFERRAL**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
VOCATIONAL REHABILITATION  
SFN 1626 (4-2025)

Client Name		Telephone Number	
Email Address		Cell Phone Number	
Address	City	State	ZIP Code
VR Counselor Name	VR Counselor Telephone Number	Referral Date	
Required documentation that will accompany the referral to a Community Rehab Provider for services (check all that apply)			
<input type="checkbox"/> Eligibility Statement	<input type="checkbox"/> Authorization to Disclose Information	<input type="checkbox"/> Resume/Work History	
<input type="checkbox"/> Aware Authorization	<input type="checkbox"/> Intake Narrative	<input type="checkbox"/> Other (specify): _____	

### Section One: Assessment and Evaluation Services

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

<b>Trial Work Services (Assessment and Evaluation Services)</b>			
Payment Rate	Number of Trial Work Experiences	Length of Time for Each Trial Work Placement	
Number of Approved Hours for Each Trial Work Placement		Expected Completion Date for the Trial Work	
Trial Work Assessment Areas			
Who will cover the Workforce Safety & Insurance (WSI) coverage?			
<input type="checkbox"/> Community Rehab Provider <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other (specify): _____			
<b>Situational Assessment Services (Assessment and Evaluation Services)</b>			
Number of Situational Assessments		Length of Time for Each Situational Assessment	
Situational Assessment Area		Expected Completion Date for the Situational Assessment	
1.			
2.			
3.			
Who will cover the Workforce Safety & Insurance (WSI) coverage?			
<input type="checkbox"/> Community Rehab Provider <input type="checkbox"/> Vocational Rehabilitation <input type="checkbox"/> Other (specify): _____			

### Section 2: Employment Services

Applicable Programs		
<input type="checkbox"/> Student Work Experience	<input type="checkbox"/> Adult Work Experience	<input type="checkbox"/> On-the-Job Supports, Short-term (Only)
<input type="checkbox"/> Job Development and Placement (JDP), Only	<input type="checkbox"/> JDP and On-the-Job Supports, Short-term	
<input type="checkbox"/> Supported Employment	<input type="checkbox"/> Customized Employment (Only Approved Providers)	
Employment Goal	Number of Hours the Client Would Like to Work Each Week	