

Email: \_\_\_\_\_

Address:

Diagnosis: \_\_\_\_\_

Medicaid #: \_\_\_\_\_

Provide a short paragraph describing the client's current employment status, motivation, strengths, barriers (e.g., mental health challenges, legal issues, lack of experience), and overall employment goals.

[illegible]

## Requested Services

- ☐ Vocational assessment
- ☐ Job readiness training
- ☐ Resume and interview preparation
- ☐ Job placement assistance
- ☐ On-the-job coaching
- ☐ Transportation or support service coordination
- ☐ Career advancement support

**Additional Notes/Concerns:**

Include information about any safety considerations, accommodations needed, or relevant supports already in place.

[illegible]

## Attachments

- ☐ Client consent for referral
- ☐ Most recent treatment or progress note
- ☐ Vocational assessment (if completed)
- ☐ Any legal/work restrictions documentation