



L.I.F.E., Inc.
2822 Hollins Ferry Rd
Baltimore, MD 21230
410-735-5433

REFERRAL FOR SERVICES

Referring Counselor: _____ Phone #: _____

DORS Location: _____

Name of Client: _____ SS# _____ Date: _____

Address: _____ Phone #: _____
City State Zip

Client Disability (Primary) _____ (Secondary) _____

Highest Grade Level Completed: _____ Diploma/Certificate ☐ GED ☐ College Degree ☐

SERVICE REQUESTED:

EDS (6 weeks) ☐

Non-Supported Job Coaching for Job Development ☐

SEP Job Coaching for Job Development (DDA Funded) ☐

Job Support/Job Coaching ☐

Career Areas of Interest: 1. _____ 2. _____ 3. _____

List any training program(s) the applicant has received through other agencies:

Is client receiving any psychiatric treatment for his/her disability? Yes ☐ No ☐

Is client taking any medications for his/her disability?

Transportation: Mobility ☐ Bus ☐ Other: _____

Does the client have a criminal record? Yes ☐ No ☐

Can the client pass a drug screening? Yes ☐ No ☐

THE FOLLOWING INFORMATION AND FORMS ARE REQUIRED FOR ADMISSION:

- ✓ Client Contact Info Sheet
- ✓ Emergency Contact Info
- ✓ Copy of 2 Forms of ID (i.e. SS, License, or State ID)
- ✓ DORS Career/Vocational Assessment Report
- ✓ DORS Job Ready Checklist
- ✓ Psychological Evaluation/IEP
- ✓ Authorization for Purchase