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☐ **Prince George's County**
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301-429-2171
Fax: 301-429-2180

☐ **St. Mary's County**
45872 Church Drive
Great Mills, MD 20634
301-737-1827
Fax: 301-737-0153

SUPPORTED EMPLOYMENT REFERRAL FORM

Name: _____ Social Security #: _____

Address: _____

Home Phone: _____ Medical Assistance #: _____

Date of Birth: _____ Race: _____

Person Completing this form: _____ Date: _____

Phone: _____ Fax: _____

Current Psychiatric Diagnosis:

DSM IV Code:

1. Is client currently enrolled in the mental health system? Yes ☐ No ☐

2. Is the client severely disabled due to a mental illness? Yes ☐ No ☐

- Receives SSDI: \$ _____
- Receives SSI: \$ _____
- Receives Pharmacy Assistance: _____
- Gray Zone: _____

3. Does the client want to work? Yes ☐ No ☐

4. Does the client understand how work will affect his/her benefits? Yes ☐ No ☐

5. Does the client live on their own? Yes ☐ No ☐

6. Do they live in a residential agency? Yes ☐ No ☐

Agency Name: _____

Contact Numbers: _____

7. Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged? Yes ☐ No ☐

If yes, please explain.

8. Other information:

9. Attachments:

A Treatment Plan (ITP, IRP and a MHVP Assessment Referral Form must come with the SE Referral Form)