TLC/OUTCOMES
Vocational Career Assessment (CAS) Referral Form

Counselor Name: _____ **Date:** _____

Consumer Contact Information

Name: _____ **Age/DOB:** _____

Address: _____

Home phone: _____ **Cell:** _____ **Email:** _____

Alternate Contact Person

Name: _____ **Relationship:** _____ **Phone:** _____

Disability

Primary Disability: _____

Primary Impact of disability: _____

Does consumer require any accommodations? ☐ **No** ☐ **Yes** **If YES, describe:**

_____

_____

_____

_____

Does consumer have transportation/transportation funds to/from TLC Outcomes? ☐ **No** ☐ **Yes**

Is consumer currently on medication? ☐ **No** ☐ **Yes**

If yes, what medications and how do they impact the consumer?

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Career Assessment Services

Why is consumer being referred for CAS? What is the goal of the assessment and what specific questions need to be answered?

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CAS Option Requested:

☐ **Itemized Assessment – Specific Information Desired:**

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☐ **Focused Assessment – Target Area:**

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☐ **Exploratory Assessment**
☐ **Community-Based Assessment**
☐ **Comprehensive Assessment**

Comments

Please provide any other information that you think will help us to assist your consumer:

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Please forward pertinent info/reports (such as psych eval, voc eval, IPE, medical, work history info, Schedule A/B letter if applicable, resume if available).
PO will be required to provide services.

You may email, fax, or mail this form/information to TLC/Outcomes. **Email is preferred.**
Email: dors@ttlc.org
Mail: TLC/Outcomes, 1390 Piccard Drive, Suite 210, Rockville, MD 20850
Fax: 301-294-9209
For more information contact Karen Morgret at 301-294-9205 x 297.