TLC/OUTCOMES

**EDS/WAT Referral Form**

**Please check service requested below:**

**In-person WAT**       **Virtual EDS**       **RISE-UP**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Counselor name:** | | | |  | | | | | | | | **Date:** | |  | | | |
| ***CONSUMER CONTACT INFORMATION*** | | | | | | | | | | | | | | | | | |
| **Name:** | |  | | | | | | | | | | **Age/DOB:** | | |  | | |
| **Address:** | |  | | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | **State:** | |  | | **Zip:** | |  | | |
| **Home phone:** | | |  | | | | | **Cell:** |  | | | | **Email:** | | |  | |
| ***ALTERNATE CONTACT PERSON*** | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | **Relationship:** | | |  | | | | **Phone:** | | |  |
| **Primary Disability:** | | | | |  | | | | | | | | | | | | |
| **Primary impact of disability:** | | | | | |  | | | | | | | | | | | |
| **Does the consumer require any accommodations? If yes, list below.** | | | | | | | | | | | | | | | | | |
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| **Why is the consumer being referred for EDS? What specific behaviors need to be addressed?** | | | | | | | | | | | | | | | | | |
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| **Is consumer currently on medication? If yes, what medication and how does it impact the consumer?** | | | | | | | | | | | | | | | | | |
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| **What is the consumer’s employment goal based on the DORS IEP?** | | | | | | | | | | | | | | | | | |
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| **Is the consumer able to attend EDS daily (Monday – Thursday). If no, list days consumer can attend.** | | | | | | | | | | | | | | | | | |
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| **Does consumer have transportation or transportation funds to/from TLC Outcomes?** | | | | | | | | | | | | | | | | | |
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| **Please provide any other information that you think will help us to assist your consumer:** *Please forward pertinent info/reports (such as psych eval, voc eval, IPE, medical, work history info, Schedule A/B letter (if applicable) and if available, resume). A Purchase Order (PO) will be required to provide services.* | | | | | | | | | | | | | | | | | |
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| **You may email, fax, or mail this form/information** to TLC/Outcomes. **Email is preferred.** | | | | | | | | | | | | | | | | | |
| **Email**: [dors@ttlc.org](mailto: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. | | | | | | | | | | | | | | | | | |