TLC/OUTCOMES

**Job Coaching (JC) Referral Form**

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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:** | | |  |
| **Disability:** | | |  | | | | | | | | | | | | | | | | | | |
| **Primary impact of disability:** | | | | | | | |  | | | | | | | | | | | | | |
| ***EMPLOYER***  **Place of employment**  **Job Title :** | | | | | |  | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | |
| **Supervisor:** | | | |  | | | | | | | | **Supervisor Job Title:** | | | | |  | | | | |
| **Phone:** | | | | | | | | | | | | | **Email:** | | | | | | | | |
| **How long has consumer been employed at this job?** | | | | | | | | | | | | |  | | | | | | | | |
| **Consumers work schedule:** | | | | | | |  | | | | | | | | | | | | | | |
| **Why is this person being referred for job coaching? Please identify any issues or support needs.** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Is consumer currently on medication? If yes, what medication and how does it impact the consumer?** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Does the consumer have any medical/physical restrictions? Please identify:** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Does the consumer require any accommodations? If yes, are these accommodations in place at work?** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **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, medical, work history info, and if available, resume). A Purchase Order (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](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. | | | | | | | | | | | | | | | | | | | | | | |