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.* |
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| **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.  |

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