TLC/OUTCOMES

**Job Development (JD) 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:** | | | | | |  | | | | | | | | | | | | | |
| **Does the consumer require any accommodations?** | | | | | | | | | | |  | | | | | | | | |
| **Education: highest level of education** | | | | | | | | |  | | | | | | | | | | |
| **Does the consumer have any specific vocational training/certifications?** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Is the consumer currently on medication? If yes, what medication and how does it impact the consumer?** | | | | | | | | | | | | | | | | | | | |
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| **Does the consumer have any medical/physical restrictions? Please identify:** | | | | | | | | | | | | | | | | | | | |
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| **Does the consumer have work experience and/or is the consumer currently working? Employer? Hours?** | | | | | | | | | | | | | | | | | | | |
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| **Does the consumer receive SSDI?** | | | | | | | **Does the consumer receive SSI?** | | | | | | | | | | | | |  |
| **Please identify barriers (if any) to employment:** | | | | | | | | | | | | | | | | | | | |
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| **Does consumer have transportation or transportation funds to/from TLC Outcomes?** | | | | | | | | | | | | | | | | | | | |
| **What type of assistance/support will benefit the consumer to maintain employment?** | | | | | | | | | | | | | | | | | | | |
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| **Goal from DORS IPE** | | | | | | | | | | | | | | | | | | | |
| **Has consumer had Benefits Counseling? If no, is this in the plan?** | | | | | | | | | | | | | | | | | | | |
| **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, IEP, medical, work history info, Schedule A/B letter (if applicable) 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. | | | | | | | | | | | | | | | | | | | |