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?** |
|       |
| **Does the consumer have any medical/physical restrictions? Please identify:** |
|       |
| **Does the consumer have work experience and/or is the consumer currently working? Employer? Hours?** |
|  |
| **Does the consumer receive SSDI?** | **Does the consumer receive SSI?**       |  |
| **Please identify barriers (if any) to employment:** |
|       |
| **Does consumer have transportation or transportation funds to/from TLC Outcomes?**       |
| **What type of assistance/support will benefit the consumer to maintain employment?** |
|       |
| **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.* |
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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. |