



REFERRAL FOR VOCATIONAL REHABILITATION SERVICES - DORS

For VSP office use only
Date received & initials _____

Date _____

Referring Counselor _____

Agency _____

Phone _____

Counselor Email Address _____

Street Address _____

City _____ State MD Zip _____

CLIENT INFORMATION

Name _____ Email Address _____

Social Security# _____ Birthdate _____

Home Phone _____ / Alternate Phone _____

Street Address _____

City _____ State MD Zip _____

Primary Disability _____ Race _____ Marital Status _____

Client's Vocational Objective/s (IPE Goal) _____

Functional Limitations _____

Functional Assets _____

Current Medications _____

Does client have a history of substance abuse? Yes ☐ No ☐

If yes, how long has client been in successful recovery? _____

Does client have a history of any prior convictions? If yes, please explain

Please explain specific physical restrictions we need to be aware of

Please note – questions above are meant to assist VSP in appropriately providing services to your client at the most beneficial time

TYPE OF SERVICE

☐ **Work Readiness @ LifeBridge Health** (Choose training location)

☐ Sinai Hospital

☐ Northwest Hospital

Recommended Training Area

Choice #1 _____ Choice #2 _____

Choice #3 _____

Work Readiness Goals to be addressed

☐ **Pre-Employment Transition Services** (Choose one or more youth service)

If consumer is in school, list weekday school hours and/or service availability _____

☐ **Job Exploration Counseling**

☐ **Instruction in Self-Advocacy**

☐ **Work-based Learning Experience**

Location

☐ Sinai Hospital

☐ Northwest Hospital

Explore-Work (Virtual)

☐ Career Planning

☐ Workplace Readiness

☐ Your First Work Experiences

☐ School Beyond High School

☐ Self-Advocacy

☐ **Office Technology Training**

☐ **Employment Services** (consumer is a recent VSP training graduate)

☐ Job Development Prep

☐ Short-term Job Coaching

PLEASE SUBMIT ALL AVAILABLE, RELEVANT BACKGROUND INFORMATION VIA

EMAIL: VSPReferrals@lifebridgehealth.org OR FAX TO 410-358-8338

(i.e. referral application, rehabilitation plan, medical/psychological info, etc.)