

Maryland State Department of Education
Division of Rehabilitation Services
Referral for Rehabilitation Communication Specialist Services

Referral to (RCS Name): _____ Date: _____

Referral from (DORS Counselor): _____

Consumer Name: _____ PID: _____

Consumer Is: ☐ Deaf ☐ Hard of Hearing ☐ Deaf-Blind

Consumer Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Preferred Contact: ☐ Email: _____

☐ Video Phone: _____

☐ Mobile Phone: _____ Texting Ok? ☐ Yes ☐ No

Consumer's Primary Mode of Communication:

☐ ASL ☐ MCE/PSE ☐ Tactile ☐ Speech/Lip-Read ☐ Other: _____

Primary Disability:

Secondary Disability:

Consumer Receives Disability Benefits (SSI/SSDI)? ☐ Yes ☐ No

Consumer Has Received Benefits Counseling? ☐ Yes ☐ No

Employment Goal from IPE:

The following required forms are attached:

☐ Deaf & Hard of Hearing Communication Assessment (RS-4r)

☐ Consent to Disclose to Service Providers (RS-2f)

☐ Beginning the Job Search: Consent for Disclosure (RS-8f)

Does consumer have a criminal background? ☐ Yes ☐ No If Yes, explain:

What are the consumer's main barriers to employment?

☐ Childcare ☐ Housing ☐ Transportation ☐ Limited Work Skills ☐ Other, specify:

Does consumer have reliable means for employers to contact them? ☐ Yes ☐ No

Can consumer independently complete a written and/or online employment application?

☐ Yes ☐ No Comment:

Does consumer need any reasonable accommodations at this time? ☐ Yes ☐ No If yes, specify:

Does consumer have any other special needs or require any other support services at this time?

☐ Yes ☐ No If Yes, explain:

Services being requested at this time and approximate number of hours:

- ☐ RCS Intake and Planning: _____ hours
- ☐ RCS Job Development: _____ hours
- ☐ RCS On-Site Follow-Up (consumer is recently employed): _____ hours
- ☐ RCS Job Retention Evaluation (consumer is in job jeopardy): _____ hours
- ☐ RCS Job Retention On-Site Follow-Up: _____ hours
- ☐ RCS On-Site Communication Support for Pre-ETS WBLE: _____ hours

Specific Consumer Objectives:

1.

2.

3.

4.

5.

Job Ready Checklist

(including items specific to people who are Deaf/Hard of Hearing)

For each item, check off if the individual demonstrates ability in that area. Areas not checked off would then be areas that may need development in order for the individual to be job ready.

- ☐ Demonstrates acceptable workplace behaviors and a positive work attitude.
- ☐ Effectively works with, and can explain how to utilize, professional Interpreter providers.
- ☐ Is proficient in the use of technology (i.e., texting, VRI) to effectively communicate in workplace.
- ☐ Demonstrates preparedness for job interview:
 - ☐ Exhibits effective communication skills to interact in job interview setting.
 - ☐ Requires the use of Vocational Interpreter.
 - ☐ Exhibits appropriate personal hygiene and attire.
- ☐ Has transportation: type, reliability, and ability to use (specify):

- ☐ Has plans in place for child care.
- ☐ Has stable housing.
- ☐ Received benefits counseling; demonstrates knowledge of how working will impact public benefits.
- ☐ Possesses a resume that highlights job specific skills and a list of job references.
- ☐ Is prepared to provide prospective employer with necessary documentation/explanation, as appropriate to the job:
 - ☐ Criminal record – demonstrates bonding eligibility.
 - ☐ Drug screening.
 - ☐ Driving record or personal identification.
- ☐ Is able to discuss disability and reasonable accommodations (according to the ADA), if needed.
- ☐ Is able to self-advocate.