



REFERRAL TO COURAGE CENTER VOCATIONAL SERVICES

REFERRAL DATE: _____

REFERRED CLIENT INFORMATION	
Name _____	DOB _____
Street Address _____	County _____
City _____	State _____ Zip _____
Phone: Home _____	SS# _____
Phone: Cell _____	E-mail _____
Disability _____	Onset _____
Functional Limitations _____	
Education <input type="checkbox"/> HS/GED <input type="checkbox"/> AA <input type="checkbox"/> 4-Year Degree <input type="checkbox"/> MS <input type="checkbox"/> Other	
PCA Needed <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Asst Needed: _____
Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer _____ Job Title _____
Total Years Work Experience _____	Household Income _____
Reason for Referral _____	
Has Client Received Services at Courage Center Before? <input type="checkbox"/> Vocational Services <input type="checkbox"/> Other	
Intake & Initial Program Planning Fee: Charged for Clients entering Courage Vocational Services for the first time	

CHECK SERVICES BEING REQUESTED

<input type="checkbox"/> VOCATIONAL EVALUATION <input type="checkbox"/> Golden Valley <input type="checkbox"/> Stillwater	<input type="checkbox"/> WORK READINESS ASSESSMENT <input type="checkbox"/> Burnsville (vocational evaluation only)
Desired Outcome _____	
Areas to be Evaluated	
<input type="checkbox"/> Ability to acquire new knowledge <input type="checkbox"/> Aptitudes and achievement levels <input type="checkbox"/> Identify computer applications as compensatory strategy <input type="checkbox"/> Identify memory strategies <input type="checkbox"/> Level of problem solving and reasoning skills <input type="checkbox"/> Physical stamina for employment <input type="checkbox"/> Transferability of job skills	<input type="checkbox"/> Ability to adjust to the work environment <input type="checkbox"/> Assessment of job accommodations required <input type="checkbox"/> Information on community labor market conditions <input type="checkbox"/> Personality characteristics, attendance, motivation <input type="checkbox"/> Recommendations for service to reduce identified employability deficits <input type="checkbox"/> Limited assessment of current computer software skills
<input type="checkbox"/> Feasibility of vocational goals (List job titles to be evaluated)	
<input type="checkbox"/> Other	
Referral Source will be contacted to discuss length of evaluation needed to meet Evaluation Areas Requested	

