

Employment Support Services Referral Form

Name: _____ Date: _____
 Address: _____
 Telephone Number _____ D.O.B _____ BSU# _____
 SS#: _____
 Sex: _____ Age: _____ Marital Status _____ Maiden Name _____
 County: Elk/Cameron: _____ IDD Base Pilot: _____
 Potter: _____ IDD Base MR : _____ OVR: _____
 McKean: _____ IDD Consolidated Waiver: _____ MH: _____
 IDD PFDS: _____ CRAFT: _____
 AHEDD: _____
 Referred by: _____ Agency: _____
 Phone: _____

Diagnosed Disability (ies) **PLEASE INCLUDE MOST RECENT DOCUMENTATION**

Axis I (Primary) _____ (Secondary) _____
 Axis II (Primary) _____ (Secondary) _____
 Axis III(Primary) _____ (Secondary) _____
 Axis IV(Primary) _____ (Secondary) _____
 Axis V(Primary) _____ (Secondary) _____

Functional Limitations: _____

Education/Training: _____

Employment History: _____

Current Day Program (if applicable): _____
 Social Services Involvement: _____
 Living Arrangements: _____
 Medical Statues/Allergies: _____
 Medications: _____
 Transportation Availability: _____
 Employment Interests: _____
 What know factors are interfering with competitive employment? _____
 Has the individual been referred to OVR recently or in the past? _____

Additional Comments: _____

Please enclose recent records or information in the referral process