Cedar Valley Services, Inc.

REFERRAL FORM

Date:	Referral to: ☐ Austin Division ☐ Owatonna Division ☐ Albert Lea Division

SECTION I

Agency Referred by:		Phone:
Address:		City/State/Zip:
Consumer Name:		DOB:
Phone:		Sex:
Address:		City/State/Zip:
SS#:	Marital Status:	Last Grade Completed:
County of Financial Responsibility:		
County Case Manager:		Phone:
Address:		Email Address:
Guardian:		Phone:
Address:		Email Address:
Residential Contact:		Phone:
Address:		Email Address:
Sources of Income:		
Most Recent Vocational History and/or Program:		

SECTION II

Services Requested:	***Information Enclosed:***
☐ Screening/Intake	☐ Medical Reports
☐ Employment Planning Services	☐ School Reports
☐ Center Based	☐ Psychiatric / Psychological (* required)
☐ Community Based	☐ Employment History / Vocational Reports
☐ Single Site Assessment	☐ Aptitude / Interest Training
☐ Employee Development Services	☐ Individual Service Plan
☐ Center Based	☐ Residential Reports
☐ Community Based	☐ Other
☐ One-to-One Job Coaching	
☐ Placement Services With Supports	***Funding Source:***
☐ Placement Services Without Supports	☐ DEED (Rehab Services)
☐ Day Training and Habilitation	☐ CADI Waiver
☐ Employment Exploration Services	☐ DTH (MR/RC, BI Waiver)
☐ Employment Development Services	☐ County Human Services
☐ Employment Support Services	☐ Other
☐ Senior/Enrichment Services	

SECTION III - DISABILITIES	
**** NOTE – A psychological report or other documentation of disability signed by a qualified professional must accompany referral form to verify eligibility for services; referrals will not be accepted without it.***	
Primary Diagnosis:	RSB Code:
Significant Identified Vocational Limitations:	
Secondary Diagnosis:	RSB Code:
Significant Identified Vocational Limitations:	
Current Medications:	
SECTION IV - PURPOSE OF REFERRAL **List specific referral questions and consumer's stated vocational goals.**	
1.	
2.	
3.	
SECTION V - ANTICIPATED SPECIAL NEEDS	
Personal Care (Describe):	
Adaptive Equipment / Assistive Technology (Describe):	
Behavior Management (Be specific):	
Criminal Background as it Relates to Vocational Planning:	
Is long term funding available? ☐ Yes ☐ No ☐ Unknown	
Additional comments:	
Referred by:	Title: