



EMPLOYMENT SUPPORTS  
REFERRAL FORM

PLEASE PRINT

DATE OF REFERRAL: \_\_\_\_\_ PROGRAM(S) REFERRED TO: \_\_\_\_\_  
(Please indicate Waiver or County Funding)  
REFERRED BY: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
AGENCY/ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PERSONAL INFORMATION

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ PMI: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_ GENDER: MALE FEMALE  
WAIVER ELIGIBLE: YES NO TYPE: DD WAIVER CADI WAIVER ELDERLY WAIVER BI  
DOES THIS INDIVIDUAL RECEIVE COUNTY FUNDING?: YES NO: Explain \_\_\_\_\_  
IS THIS INDIVIDUAL HIS/HER OWN GUARDIAN? YES NO: Guardian Name \_\_\_\_\_  
DOES THIS INDIVIDUAL HAVE A DISABILITY? NO YES

DIAGNOSIS(ES):  
\_\_\_\_\_

DAY TREATMENT OR WORK SCHEDULE? NO YES: Schedule: \_\_\_\_\_

WHAT ARE THE INTERESTS OF THIS INDIVIDUAL?  
\_\_\_\_\_

PROPOSED GOAL AREAS:  
\_\_\_\_\_

ADDITIONAL INFORMATION/COMMENTS/CONCERNS:  
\_\_\_\_\_

<p>PLEASE SUBMIT THIS FORM TO: REACH FOR RESOURCES ATTN: MARCUS SKALLMAN, EMPLOYMENT SERVICES MANAGER 5900 GREEN OAK DRIVE, SUITE 303 MINNETONKA, MN 55343 FAX: 952-229-4468 • mskallman@reachforresources.org</p>	<p>INTERNAL USE ONLY: DATE CONTACTED: WHO CONTACTED: DATE OF INFORMATIONAL MEETING: COMPLETED WITH: TO BE ASSIGNED TO:</p>
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