



Supported Employment Services Referral Form

DARS Counselor: _____ Date: _____

Phone Number: _____ E-Mail: _____

Service Category: SA JCTS SE DARS Office: _____

DARS Case #: _____ Participant ID#: _____

Name: _____ SSN: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Legal Guardian: _____ Phone #: _____

Case Manager: _____ Phone #: _____

Diagnosis: _____ Code #: _____

Diagnosis: _____ Code #: _____

Strengths: _____

Barriers: _____

Service(s) Requested: _____ Amount authorized: _____

Authorization date: _____ First report due: _____

Vocational Goal: _____

Notes: _____

- Attached Documents:** DARS Data Sheet DARS Certificate of Eligibility Intake DARS IPE
 Medical information Psychological/Psychosocial Information Vocational Information
 Criminal Background Information Financial/Benefit Information Educational Information
 IPE (If student) Prior Services Information Other:

FOR OFFICE USE ONLY:

Case #: _____ Specialist: _____ Date: _____