



Name:

Medicaid ID:

RHA ID:

**Career Profile
IPS Supported Employment/Education Referral**

Face Sheet

Date of referral:

Name:

Address:

Email:

Phone number/s:

Best way to reach:

Payer source: Medicaid /IPRS/Other _____

Case Manager/therapist:

State Vocational Rehabilitation counselor:

Referral sent to State Vocational Rehabilitation

Other healthcare/social service providers:

What is the person saying about work? Why does s/he want to work now? What type of job?

.....

Is this person interested in gaining more education now to advance his/her career goals?

.....

Please include some information about the person's illness (diagnosis, symptoms, etc.). How might the person's illness (and/or substance use) affect a job or return to school?

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What are some of the person's strengths? (Experience, training, personality, supports, etc.)

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What job (type of job, hours, etc.) do you think would be a good match?

.....

Person making referral

Title