



REFERRAL FOR SUPPORTED EMPLOYMENT SERVICES

Referral Basics

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____ Cell: _____

Sex: M F Gender Identity: _____ Age: _____ Date of Birth: _____ SSN: _____

Referral Source Name: _____ Phone Number: _____

Source Email: _____ Supervisor: _____

Affiliated Agency: _____

Contacts

1. Parent/Guardian Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

2. Parent/Guardian Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

3. Columbus Navigator Name: _____

Email Address: _____ Phone Number: _____

4. Pathways Navigator Name: _____

Email Address: _____ Phone Number: _____

5. Support Coordinator or Family Resource Coordinator Name: _____

Email Address: _____ Phone Number: _____

6. Other Contact Name: _____ Relationship: _____

Email Address: _____ Phone Number: _____

Additional Information

Disability/Disabilities: _____

What assistance is required to become employed? _____

Affiliated Supported Employment Service Provider (If Selected): _____

Which DDDS service is applicant receiving?

- Traditional SE
- Early Start to Supported Employment (list school below)

Follow Along Support Funding:

- Lifespan Waiver Eligibility Date: _____
- Pathways SPA Eligibility Date: _____
- Other: _____

Does the applicant have a Long-Term Support Waiver? Yes No

Type of Residence: Family Residence Supported Residential

If waiver services are pending, please note type of service and application date: _____

Additional Comments:

Please send a complete & comprehensive referral packet that includes all applicable information listed below:

Checkmark all items you are including in the packet.

- | | |
|--------------------------------------|-----------------------------------------|
| Most recent Psychological Evaluation | LCAM Form |
| Biopsychosocial Assessment | ICAP Form |
| Most recent IEP (if applicable) | Vocational Evaluations |
| Employment Plan (if applicable) | Interagency Release of Information Form |

Please mail or fax the completed form to the DVR location nearest you.

Div. of Vocational Rehabilitation, ATTN: Wilmington Office 4425 North Market St., Wilmington, DE 19802	Phone: 302-761-8275 Fax: 302-761-6633
Div. of Vocational Rehabilitation, ATTN: Newark Office 252 Chapman Road, Christiana Building, Suite 210, Newark, DE 19702	Phone: 302-368-6980 Fax: 302-368-6988
Div. of Vocational Rehabilitation, ATTN: Middletown Office Appoquinimink State Service Ctr., 122 Silver Lake Rd., Middletown, DE 19709	Phone: 302-696-3180 Fax: 302-696-3181
Div. of Vocational Rehabilitation, ATTN: Dover Office Blue Hen Corporate Center, 655 S. Bay Rd., Suite 2H, Dover, DE 19901	Phone: 302-739-5478 Fax: 302-739-6874
Div. of Vocational Rehabilitation, ATTN: Georgetown Office 8 Georgetown Plaza, Suite 2, Georgetown, DE 19947	Phone: 302-856-5730 Fax: 302-856-5486