Rehabilitative Services &
Vocational Placement, Inc.

1504 Santa Rosa Road
Suite 208
Richmond, VA 23229
Phone: (804) 288 – 6272
Fax: (804) 288 – 6355
Email: rsvpinc@rsvprehab.com

CHECK ONE: ☐ **MedVIEW Referral**

☐ **Vocational Evaluation Referral**

☐ **Supported Employment Referral**

DEPARTMENT OF SOCIAL SERVICES REFERRAL FORM

REFERRED BY: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CSB MANAGER (if applicable): _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

DSS CASE NUMBER: _____

CUSTOMER NAME: _____ SSN: _____

ADDRESS: _____

TELEPHONE: _____ DOB: _____

DIAGNOSIS: _____

(Please attach a copy of all DSS intake or screening information)

COMMENTS / REQUESTS: _____

LENGTH OF SERVICE PROTECTION:	LIMITED (<30 days)	AVERAGE TERM (30 – 90 days)	LONG (90 – 180 days)
	☐	☐	☐

SIGNATURE: _____ REFERRAL DATE: _____

FOR RSVP OFFICE USE ONLY:

RSVP FILE #: _____ SPECIALIST: _____