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| --- | --- |
| **SERVICE CODING:****(Please check one)** | [ ]  Job Coach Training Services (JCTS) [ ]  Individual Supported Employment (SE)[ ]  Pre-Employment Transition Services (Pre-ETS) / Student Services |
| **PLEASE CHECK SERVICE(S) TO BE PROVIDED:** |
|[ ]  INTAKE |[ ]  WORK EXPERIENCE (WE) |
|[ ]  SITUATIONAL ASSESSMENT |[ ]  WORK BASED LEARNING EXPERIENCES (WBLE) |
|[ ]  JOB DEVELOPMENT |[ ]  STUDENT OPPORTUNITY ACHIEVABILITY READINESS (SOAR) |
|[ ]  JOB PLACEMENT & TRAINING |[ ]  TRAVEL TRAINING |
|[ ]  COMMUNITY SUPPORT SERVICES |[ ]  OTHER (Describe):       |
|[ ]  VOCATIONAL EVALUATION |[ ]  WORK INCENTIVES SPECIALIST ADVOCACY (WISA) /BENEFITS ANALYSIS AND PLANNING |
|[ ]  COUNSELING SERVICES |  |  |
| **CONSUMER INFORMATION:** |
| CONSUMER NAME: |       | DOB: |       |
| EMAIL ADDRESS: |       | CONSUMER PHONE #: |       |
| ADDRESS: |       |
| PARTICIPANT ID #: |       | SS #: |       |
| GRADUATION DATE (if applicable): |       | RACE: |       |
|  |
| GUARDIAN / PARENT NAME: |       |
| EMAIL ADDRESS: |       | PHONE #: |       |
| ADDRESS (if different from consumer’s address): |       |
|  |
| PRIMARY DIAGNOSIS: | Choose an item. | PRIMARY CAUSE: | Choose an item. |
| SECONDARY DIAGNOSIS: | Choose an item. | SECONDARY CAUSE: | Choose an item. |
| CONSUMER STRENGTHS / BARRIERS / LIMITATIONS: |       |
|  |
| SUPPORT COORDINATOR / SCHOOL CASE MANAGER / SCHOOL COUNSELOR (if applicable): |       |
| EMAIL ADDRESS: |       | PHONE #: |       |
| **REFERRAL SOURCE INFORMATION:** |
| REFERRED BY (DARS / DBVI COUNSELOR): |       |
| DARS / DBVI OFFICE LOCATION: |       |
| WOULD THE DARS / DBVI COUNSELOR LIKE TO BE PRESENT AT THE INTAKE? | Choose an item. |
| ADDITIONAL PEOPLE TO INCLUDE AT THE INTAKE MEETING (Family, Support Coordinator, etc.)? |       |
| **PLEASE PROVIDE THE FOLLOWING DOCUMENTATION/INFORMATION IF AVAILABLE:** |
| [ ]  DARS / DBVI Intake | [ ]  DARS / DBVI Eligibility Documentation |
| [ ]  DARS / DBVI Service Plan | [ ]  MW Service Plan |
| [ ]  Medical Information | [ ]  Vocational Information |
| [ ]  Psychological / Psychosocial Information | [ ]  Criminal Background Information |
| [ ]  Educational Records / School Information / IEP | [ ]  Financial / Benefits Information |
| [ ]  Prior Services Information | [ ]  DARS Computer Data Sheet |
| [ ]  Supports Intensity Scale | [ ]  Other (Describe):       |
|  |
| DATE OF REFERRAL:       | MONTH TO BEGIN SERVICES:       |