|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | | | | | | |