



**Rehabilitative  
Services  
& Vocational  
Placement, Inc.**

**SUPPORTED EMPLOYMENT REFERRAL FORM**

1504 Santa Rosa Road  
Suite 208  
Richmond, VA 23229  
(804) 288-6272  
FAX: (804) 288-6355  
rsvpinc@rsvp rehab.com

REFERRED BY (DARS/DBVI Counselor): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CASE MANAGER (If applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

CONSUMER'S NAME: \_\_\_\_\_

PARTICIPANT ID #: \_\_\_\_\_ CASE #: \_\_\_\_\_ SSN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DIAGNOSIS/SOURCE  
(if copy is not available): \_\_\_\_\_

CLIENT STRENGTHS/BARRIERS/  
LIMITATIONS RESULTING FROM  
DIANOSIS: \_\_\_\_\_

TYPE OF SERVICE(s) REQUESTED (SA, JD, P&T, CSS): \_\_\_\_\_  
AMOUNT (HRS) AUTHORIZED TO START: (V# if available) \_\_\_\_\_  
JCTS OR SE? \_\_\_\_\_  
SERVICES TO BEGIN / FIRST REPORT DUE: \_\_\_\_\_

DATE OF REFERRAL: \_\_\_\_\_

**FOR RSVP OFFICE USE ONLY:**

RSVP FILE #: \_\_\_\_\_

ASSIGNED TO  
SPECIALIST: \_\_\_\_\_

**INFORMATION OBTAINED FROM DARS:**

- |  |   |
|--|---|
| <input type="checkbox"/> AWARE Documents         | <input type="checkbox"/> Psychological/Psychosocial Information |
| <input type="checkbox"/> Vocational Information  | <input type="checkbox"/> Criminal Background Information        |
| <input type="checkbox"/> Educational Information | <input type="checkbox"/> Financial/Benefit Information          |
| <input type="checkbox"/> Medical Information     | <input type="checkbox"/> Background report (if available)       |
| <input type="checkbox"/> Other (Explain): _____  |   |