

SUPPORTED EMPLOYMENT/CAREER LINKS SERVICE APPLICATION AND REFERRAL

373 Clermont Terrace, Union, NJ 07083 PHONE: 908-686-2956 FAX: 908-248-9222

DATE C	OF REFERRAL:						
1.	NAME:						
	ADDRESS:						
	SOCIAL SECURITY #:						
	DATE OF BIRTH:						
	PHONE:						
2.	REFERRAL SOURCE:						
	CASE MANAGER/COUNSELOR:						
	PHONE:						
	OTHER MENTAL HEALTH PROVIDERS:						
3.	IS THE APPLICANT PRESENTLY SERVED BY N	JDVRS? YES	NO				
	IF YES, PLEASE INDICATE COUNSELOR/OFFIC	CE:					
	VOCATIONAL ASSESSMENT ATTACHED?	YES	NO				
	INDIVIDUAL SERVICE PLAN ATTACHED?	YES	NO				
	PLEASE INDICATE APPLICANT'S JOB-RELATED SUPPORT NEEDS:						
	SPECIFY INDIVIDUAL'S WORK INTERESTS: 1						
		2					
		3					
	PLEASE CHOOSE: FULL TIME	PART TIME					
	PLACEMENT LIABILITIES:						
	PLACEMENT ASSETS:						

FINANCIAL RESOURCES A	ND AMOUNTS. PLE	ASE LIST ALL S	SOURCES: _				
DRIVER'S LICENSE: YES	NO	C	AR: YES	NO			
ABLE TO USE PUBLIC TRA	NSPORTATION: YES	N	0				
ACCESS TO PUBLIC TRANS	N	NO					
WORK HISTORY:							
EMPLOYER:		_ POSITION: _					
DATES OF EMPLO	YMENT:						
REASON FOR LEA	VING:						
HOURLY WAGE: _							
EMPLOYER:		POSITION:					
DATES OF EMPLOYMENT:							
REASON FOR LEA	VING:						
HOURLY WAGE: _							
EMPLOYER:		_ POSITION: _					
DATES OF EMPLO	YMENT:						
REASON FOR LEA	VING:						
HOURLY WAGE: _							
ADDITIONAL COMMENTS							

PLEASE ATTACH A RECENT PSYCHIATRIC EVALUATION AND RELEASE OF INFORMATION TO EXPEDITE THE REFERRAL PROCESS.