

# CareerLink

\*A partnership between the Rehabilitation Services Commission and the Wood County ADAMHs Board

## Referral Form

Date of Referral:

Social Security #:

Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone No:

Cell No:

Mental Health Diagnosis:

Vocational Case Manager:

### Agency currently receiving services from (check all that apply):

Behavioral Connections

NAMI Wood County

Children's Resource Center

Educational Service Center

Family & Child Abuse Prevention Center

Family Service of Wood County

Other Explain:

Please list contact person/information for each sight listed:

### Receiving following services:

Case Management

Therapy/Consulting

Medical Services

Other:

### Client is receiving the following benefits (check all that apply):

Medicaid

Medicare

Social Security Income (SSI)

Social Security Disability Income (SSDI)

Food Stamps

Housing Assistance

BWC Compensation

Child Support

Other:

### Barriers (check all that apply) :

Functional Limitations (see Identify Functional Limitations)

Education

Transportation

Housing

Legal Issues

Other:

**CareerLink**  
Functional Limitations

**HOW DOES THE MENTAL ILLNESS IMPACT THE CONSUMER'S ABILITY TO FUNCTION AND WORK? (check all that apply):**

- Unable to remember tasks that need to be completed (Memory)
- Difficulty keeping things organized (Organizational Skills)
- Difficulty concentrating on tasks (Concentration)
- Often misinterprets what other people are saying or doing (Perception)
- Has difficulty communicating needs (Communication and Social Interactions)
- Poor grooming and hygiene (Self-Care)
- Has difficulty with change or new routine (Adaptive Skills)
- Lacks ability to problem solve on a consistent basis (Self-Direction)
- Sometimes uses poor judgment (Self-Direction)
- Has limited work history due to illness (Symptom Management/Coping Skills)
- Has limited coping skills (Symptom Management/Coping Skills)
- Has difficulty remembering complex tasks (Cognition)
- Needs a "hands on" approach to learning (Concentration/Cognition)
- Needs instructions given in a 1 or 2 step at a time basis (Concentration/Cognition)
- Has difficulty dealing with stressful situations
- Other (orthopedic, visual impairment, hearing impairment, etc)

**Attached with Referral:**

- Psychiatric Evaluation
- Functional Capacities Evaluation
- Consent to release information to referral source
- Axis 1-5 (Please complete attached Axis Form)
- Clinical Notes
- Proof of SSI/SSDI
- Other:

**FOR OFFICE USE ONLY:**

Referral Entered in OSCAR date:            Initial:  
Orientation Scheduled date:            Initial:  
Orientation letter sent date:            Initial: