



Job Discovery, Inc.
10345 Democracy Lane
Fairfax, Virginia 22030
info@jobdiscovery.org

P: 703-385-0041 F: 703-385-1113 TTY 703-385-3155

REFERRAL FORM

Preferred Services: Residential ____ Supported Employment ____ Individual Employment Services ____
Group Day ____ Community Coaching ____ Community Engagement ____

Personal Information

Name of Person: _____ Date: _____ Gender: M / F
Address: _____
Home Phone: _____ Work Phone: _____
Medicaid # _____ Medicare # _____
Other Insurance: _____ Policy #: _____
Source of Referral: _____ Date of Initial Vendor Contact: _____
Reason for Referral: _____
Date of Birth: _____ Birthplace _____
Primary Diagnosis: _____ Date of diagnosis: _____
Other / Secondary Diagnosis: _____ Date of diagnosis: _____
Citizenship: US ____ Other (specify) _____ Race: _____ Criminal Justice Status if any: _____
Legal Guardian (Court Appointed) _____ or N/A _____
Address of Guardian _____
Home Phone _____ Work Phone _____ Cell _____
Primary language: _____ Secondary Language _____

Family/Emergency contacts

Name: _____ Relationship: _____
Address: _____
Home Phone _____ Work Phone _____ Cell _____
Name: _____ Relationship: _____
Address: _____
Home Phone _____ Work Phone _____ Cell _____

Funding Source

Medicaid Waiver _____ CSB _____ Other: _____

Person's Preferences

Residential Preference: Group Home _____ Apartment Living _____

Vocational/Employment Interests (type of work): _____

Special dietary needs: _____

Current Living needs: _____

Current Living Arrangement (home, apt, group home, institution, etc): _____

Name of Support Coordinator: _____ Phone _____

Name of DRS Counselor: _____ Phone _____

Currently Attends Day Program: Yes _____ No _____ If yes, where? _____

Please attach the following information to this Referral Form and submit to Job Discovery, Inc.

1. Psychological Evaluation
2. Social History
3. Current ISP, ICAP
4. Medical History
5. Medication Administered
6. Documentation of Legal Guardianship
7. Record of Immunizations/Prevention (Hepatitis, TB, Flu, Tetanus, Pertussis, Diphtheria, Mumps, Measles)
8. Criminal Background History Report, if applicable

Please share any comments in this space below.

Thank you
Job Discovery Inc.

Person Completing Form: _____

Title: _____

Phone: _____ Cell: _____