

**EMPLOYMENT SERVICES REFERRAL**

State Form 56644 (12-18)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION  
 DIVISION OF DISABILITY AND REHABILITATIVE SERVICES  
 VOCATIONAL REHABILITATION (VR) SERVICES

**IMPORTANT:** Include collateral information such as intake case notes, application information, information learned so far (including, if applicable, the Discovery Profile), evaluations, guardian information, or other information as applicable.

Participant Information							
<b>Name:</b>	Don Dolittle	<b>VR Identification Number:</b>	<u>212144</u>	<b>Date of Birth</b> (month, day, year):	1/1/2000	<b>Gender:</b>	Male
<b>Address:</b>	2213 Chapman Lane	<b>Telephone:</b>	260-111-2222	<b>Alternate Contact:</b>	Youth Pastor 260-333-4444		
<b>E-Mail:</b>	dolittle@gmail.com	<b>Primary Disability:</b>	Social Anxiety Disorder	<b>Secondary Disability:</b>	Obsessive Compulsive Disorder	<b>Severity Level:</b>	MSD
<b>Referral Date</b> (month, day, year):	10/13/2018	<b>Provider:</b>	Top Notch Support Services				
<b>VR Counselor:</b>	Capri Sun	<b>VR Counselor Contact:</b>	260-141-2525				
<b>VR Case Coordinator:</b>	George Jetson	<b>VR Case Coordinator Contact:</b>	260-777-8888				
<b>Anticipated Services Needed:</b>							
<input checked="" type="checkbox"/> Discovery <input type="checkbox"/> Job Readiness Training <input checked="" type="checkbox"/> Employment Service Milestones <input type="checkbox"/> Job Search / Placement Assistance <input type="checkbox"/> On the Job Supports Short Term <input checked="" type="checkbox"/> Supported Employment Services							
<b>Please describe specific needs, additional comments, special considerations, expectations, transportation options, etc.:</b>							
Don needs assistance with the discovery activities to determine an appropriate vocational goal. He is mentored by his youth pastor and meets with him twice a month to work on coping strategies. His mother works full time and he has minimal contact with his father, about 3 times per year. Healthcare is funded through a faith based cost sharing program which covers basic preventative and catastrophic health needs.							
<b>Basic Information</b> (If unknown, enter 'N/A'.)							
<b>Primary Job Interest:</b>	NA						
<b>Secondary Job Interest:</b>	NA						
<b>Work History</b>	Inventory assistant with High School art department through transition vocational training.						
<b>Barriers/ Impediments:</b>	Anxiety in large group settings						
<b>Accommodation Needs</b>	Don needs to be able to take a time out in a location that is somewhat isolated to utilize coping strategies when he begins to feel overwhelmed.						
<b>Education Level</b>	High School Diploma						
<b>Academic Level</b>	Reading level -11 <sup>th</sup> grade, Math – 12.6 grade						
<b>Reported Preferences</b>	Working with animals, organization, no clutter.						
<b>Source(s) of support</b>	Church Family and single mother.						
<b>Other Information Collected</b>	Don does not qualify for BDDS extended services.						

