

SE Career Profile Referral

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Report must be completed prior to payment and submitted **within 5 days** of the end of service or previous month if service is continuing.

Report Month (Month)	Report Year (YYYY)
Consumer IRIS Number (9 Digits)	Service Provider Name (10-Character Abbreviation)
Consumer Name (As Listed on Purchase Order)	Service Authorization Date (MM/DD/YYYY)

Report Author
Purchase Order (PO) Number

This report is to be completed by the DVR Counselor.

Referral Form

Date of Referral

Name

Address

Email Address

Phone Number(s)

Best way to reach you

State Vocational Rehabilitation Counselor Name

Other healthcare/social providers

What is the person saying about work? Why does s/he want to work now? What type of job?

Is this person interested in gaining more education now to advance his/her career goals?

Please include some information about the person's disability (diagnosis, symptoms, etc.). How might the person's disability (and/or substance use) affect a job or return to school?

What are some of the person's strengths? (Experience, training, personality, supports, etc.)

What job (type of job, hours, etc.) do you think would be a good match?

How many employer visits should the consumer and service provider explore to discuss steps necessary to obtain employment? (Requirement is 1-3 visits)

- 1
- 2
- 3
- Other, why?

What type of employer visits should the consumer and service provider explore?

- Interview of the employer
- Mock interview of the consumer
- On-site visit/observation
- Other, explain:

SE Career Profile Contributors

Name	Contact Information	Date(s) of Interview