



**Non-Supported Employment  
Program Referral Form**  
PDG Rehabilitation Services, Inc.  
Fax: 410.987.3154

***In order to efficiently process referrals, please fill out this form in its entirety, sign, and date.***

Date: \_\_\_\_\_ Consumer Name: \_\_\_\_\_

SS#: \_\_\_\_-\_\_\_\_-\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work/Mobile): \_\_\_\_\_

Physical Description: \_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_

Emergency Contact (Relationship to Consumer): \_\_\_\_\_

Contact's Phone (Home): \_\_\_\_\_ (Work/Mobile): \_\_\_\_\_ Support for Client? Yes / No

**Reason(s) for referral:** \_\_\_\_\_

**Service Requested:** \_\_\_\_\_ Job Coaching - Non-Supported

**Disability information / impact** *(include functional capacities limitations and related factors):*

*Please indicate any behaviors that would indicate an increased risk to self or others (homicidal/suicidal ideations or attempts of self-injury, aggression, etc.)*

Information attached: (Please attach all that is available)

- DORS Application (RS-1c)  Specialist Evaluation  Career Assessment
- DORS Health Status Self Report (RS-1e)  Psychiatric Evaluation  Award Letter/Report
- Psychological Evaluation  DORS Rehabilitation Plan
- Other: (Facilities may require additional information; see admission procedures)

**Referrer Signature**

**Consumer Signature**

**Referrer e-mail**

**Consumer e-mail**