**SE Webinar #2 Application of Standards**

**Application of Supported Employment Standards**

**Handout # 2**

**SE Referral**

**DARS 1610**

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| **DARS_LogoH_BW** | **Division for Rehabilitation Services****Supported Employment Service & Supported Self-Employment —****Referral**  |
| **General Instructions**  |
| * Refer to the DRS Standards for Providers for additional details.
* Complete the form electronically answering all questions.
* Before faxing, emailing encrypted, or mailing to the provider, review this form to ensure that all questions have been answered.
* **Note**:The DARS staff collects the information and completes **all** sections of this form.
 |
|  **Date of the Referral:** 8/16/14 |
|  **Referral for: X Supported Employment Services 🞏 Supported Self-Employment Services** |
| 1. **Consumer Identification Information**
 |
| Consumer’s name:Jorge  |
| Street address (include apartment number if any): 333 Bachman Blvd |
| City:Dallas  | State:TX | ZIP code:75214 |
| Primary contact number:(214) 456-7891 | Secondary contact number:(214) 345-6789 |
| Email address:NA |
| DARS Case Id:123456 | Date of birth: 1/15/1991 |
| Consumer disability:IDD, Autism  |
| 1. **Alternate Contact Person Identification Information**
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| Alternate contact’s name:Maria and Jorge (Jorge’s mother and father)  |
| Alternate’s primary contact number:(214) 456-7891 | Alternate’s secondary contact number:(214) 345-6789 |

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| 1. **Additional Information Provided by DARS at Referral**
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| Enter X to select all that apply. |
| X IPE copy |    Vocational testing |
| X Medical and/or psychological reports |    Work history collected by DARS |
| X Case notes (for example. eligibility, assessment and planning, etc.) |    Work references collected by DARS |
| X Benefits Planning Reports from CWICs |    Functional Capacity Exam Results |
|    Other:       |    Other:       |
| 1. **Counselor Contact Information**
 |
| Counselor’s name: Happy Counselor  |
| Counselor’s primary DARS office: Dallas  |
| Counselor’s DARS office street address (include suite number if any):222 Griffin |
| City:Dallas  | State:TX | ZIP code:75218 |
| Counselor’s primary contact number:(214) 123-4567 | Counselor’s secondary contact number:(214) 765-4321 |
| Email address:Happy.counselor@dars.state.tx.us |
| 1. **Provider Chosen by the Consumer for Placement Services**
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| Provider’s name:Super SE Provider  |
| Email address:susperse@google.com |
| Provider’s phone number:(214) 555-5555 | Provider’s fax number:(214) 555-5556 |
| 1. **Supported Employment Service—Plan Meeting or**

 **Supported Self-Employment Service Plan Meeting**  |
| Location: 333 Bachman Blvd |
| Date: 11/1/14 | Time: 2pm |
| 1. **Additional Comments, if any**
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| Jorge applied for DARS services with the assistance of his parents. Jorge states that he wants to work in a “real job” in the community. Jorge is a 23-year-old man who lives with his mother, father, paternal grandmother and one older brother. Using funding through Home and Community-Based Services (HCS), a Medicaid waiver, he goes to a day habilitation program 5 days a week. His family reports that Jorge was much happier when he was at school because he really liked the idea of working. They feel that he can do more than he is being asked to do at the day habilitation program. His functional needs supports include communication, self-care, self-direction, and work skills and he will need extended services to maintain employment. Based on all of the information gathered, it has been determined that Jorge needs supported employment to be successfully employed in the community.  |