

CLIENT REFERRAL FORM

Please complete all relevant fields and fax to 905.281.0031.

Centre Location: Brampton Etobicoke Hamilton Mississauga Toronto Vaughan

Date of Referral: _____	
Referred By: _____	Service Provider: _____
Telephone: _____	Fax: _____

Client's Name: _____		
Address: _____	City: _____	Postal Code: _____
Telephone #: _____	Claim / File #: _____	
Languages Spoken: Primary: _____	Secondary: _____	
Date of Birth: _____	Date of Loss: _____	
Physical Accommodations Req.: _____		
Previous Occupation: _____		
Vocational Goal: _____	NOC #: _____	
General Info: _____		

Services Requested: _____

<u>RECENT TESTING</u>	
(Please identify grade levels and/or percentile scores.)	
Names & Levels/Versions of Tests: _____	
Spelling: _____	Reading Pronunciation: _____
Reading Comprehension: _____	Vocabulary: _____
Grammar/Writing: _____	Arithmetic: _____
Other: _____	Administered by: _____
Previous Computer Testing: _____	
Previous Psycho-Voc. Assessment? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Date: _____ Location: _____
Retraining Potential (Grade Level): _____	Full Scale I.Q.: _____
Verbal I.Q.: _____	Non-Verbal / Performance I.Q.: _____

EMPLOYMENT SERVICES

Type of Referral: Job Search Training Program: Work Placement:

JOB SEARCH TRAINING PROGRAM

Duration: 1-Week: 4-Week:

JSTP Location: Brampton Etobicoke Hamilton Mississauga Toronto Vaughan

Scheduled Start Date: _____ Scheduled End Date: _____

Case Manager Expectations for Client: _____

Notes: _____

WORK PLACEMENT

Type of Placement: _____

Placement Start Date: _____ Placement End Date: _____

Number of Weeks: _____ Client Completed JSTP? Yes: No:

Case Manager Expectations for Client: _____

Notes: _____

PLACEMENT SPECIFICATIONS

Industry: _____ Target Wage: _____

Favoured Occupations: _____

Least Favoured Occupations: _____

Physical Restrictions: _____

Geographical Area to be Searched: _____

Other Notes: _____

Training Completed: _____

Training Details/Course: _____

Return by fax to 905.281.0031

INTERNAL USE ONLY

1) PROGRAM CONFIRMED WITH CLIENT?: (Y/N) _____ DATE: _____ BY _____

2) COPY OF MOST RECENT RESUME REQUESTED: (Y/N) _____ COVER LETTER: (Y/N) _____

3) IF CLIENT CANCELS, RESCHEDULED DATE: _____

4) DATE CASE MANAGER NOTIFIED: _____