



2 Rivers Industries, Inc.

659 Clinic Road
 Hannibal, MO 63401
 Office: 573-221-3211 * Fax: 573-221-1321

Employee Certification Form

Name of Workshop: 2 Rivers Industries, Inc.		Contact at Workshop: Melonie G. Nevels, Executive Director		
Referrals' Complete Name:		Referrals Home Phone Number		
Referrals Street Address:		City:	State:	Zip:
Referral's Social Security Number:		Referral's Date of Birth:		
Date of Last Doctors Visit:				
Has the Referral ever worked in competitive employment? Yes No				
Is the referral on SSI, SSDI or Blind Pension? Yes No				
Is the referral under Guardianship? Yes No				
	Guardians Name:			
	Guardians Street Address:			
	Guardians City, State, Zip:			
	Guardians Phone Number:			
Is the referral living in a Group Home, RCF, RSL? Yes No				
	Group Home Name:			
	Group Home Contact Person:			
	Group Home Phone Number:			
When did disability begin? (date)				
<ul style="list-style-type: none"> • In case of Intellectual Deficiencies, Cerebral Palsy, Autism, etc. please put referrels date of birth. • In case of physical problems, put day it started or was diagnosed • In case of Emotional/Mental Problems, put first time he/she sought help and talked with counselor, psychologist, psychiatrists, social worker, MD, etc. 				
<p>IMPORTANT: You must send records showing proof of referral's disability and the date of the records. This may be school records or IEP's, IQ Testing, Hospital Records, Vocational Rehabilitation records, regional center records, psychiatric records, etc.</p> <p>No one can be approved for employment at the workshop without these appropriate records.</p>				
If you have any questions or concerns, please feel free to contact me:				
Melonie Nevels, Executive Director 659 Clinic Road Hannibal, MO 63401 Email: mnevels@2riversind.org Phone: (573) 221-3211 Fax: (573) 221-1321				