



Pathways to Independence

Initial Referral Form

APPLICANT INFORMATION											
Last Name					First				M.I.	Date	
Street Address								Apartment/Unit #			
City					State				ZIP		
Phone					E-mail Address						
Date of Birth											
Case Manager's Name and Agency											
Case Manager's Phone Number					Case Manager's Email Address						
Living Arrangements											
Have you received vocational rehabilitation services?					If yes, where?						
Do you have a diagnosed disability?					Waiver type? IO, SELF, Level 1, TDD?						
What is your method of transportation? Would you like to learn how to use the bus system?											
EDUCATION											
High School					Address						
From		To		Did you graduate?	YES	NO	Degree/Certificate?				
College					Address						
From		To		Did you graduate?	YES	NO	Degree/Certificate?				
Other					Address						
From		To		Did you graduate?	YES	NO	Degree/Certificate?				
REFERENCES											
<i>Please list individuals who can provide information about daily living and employability skills, inside and outside of the home environment.</i>											
1. Full Name					Relationship						
Company					Phone						
Address											
2. Full Name					Relationship						
Company					Phone						
Address											
3. Full Name					Relationship						
Company					Phone						
Address											

EMPLOYMENT SKILLS

If you have previously held a job, did you gain employment independently?
If no, explain.

Do you have a current resume?

Do you need assistance creating or updating your resume?

Have you participated in a job interview?

What type of work is of interest?

What is your long term employment goal? Where do you see yourself in 5 years?

Have you ever been convicted of a felony or misdemeanor? If yes, explain.

COMPUTER SKILLS

What is your primary use for a computer?

Are you familiar with Microsoft Word?

Can you perform an internet search?

Additional Information?

Would you like more computer training?

SKILLS FOR PATHWAYS TO INDEPENDENCE

Are you comfortable around dogs?

You will be asked to rotate between all tasks associated with a dog kennel, both in the dog area and in the reception area. Are you comfortable with this? If no, please explain.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date