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|  | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Referral for Career Planning Assessment** | | |
| **Provider Selected** | | | | |
| **Provider name:** Employment Inc | | | | **Referral date:** 1/2/22 |
| **Service Premiums (if any):**  Autism Brain Injury Deaf Other: | | | | |
| **Customer Information** | | | | |
| **Customer name:** Marhsa Wood | | | | **Case ID:** 123456 |
| **Language preference:** English | | | | **Date of birth:** May 23, 1998 |
| **Address:** 1507 Cedar Lane, Cear Park, Texas | | | | |
| **Phone (if any):** (512) 451-2300 | **Email (if any):** marsha.wood@gmail.com | | | |
| **Alternate contact name (if any):** Pearl Smith | | | | **Relation:** Grandmother |
| **Alternate contact phone (if any):** (512) 451-2300 | | | | |
| **Alternate contact email (if any):**  pearl.s@gmail.com | | | | |
| **Customer’s reported disabilities:** intellectual disability needs assistance with self-direction, work skills, and interpersonal skills. | | | | |
| **VR Contact Information** | | | | |
| **Counselor name:** Sandra Jones | | | | |
| **Counselor phone:** (512) 562-2400 | **Counselor email:** sandra.jones@twc.texas.gov | | | |
| **Rehabilitation Assistant (RA) name:** Candy Cane | | | | |
| **RA phone:** (512) 562-2402 | **RA email:** candy.cane@twc.texas.gov | | | |
| **VR office name:** North Capital Area | | | | |
| **Attachments** (as applicable) | | | | |
| Benefits reports (BPQY, BSA/WIP) | | | School records | |
| Case notes | | | Service authorization | |
| Individualized Plan for Employment (IPE) | | | VR3472 | |
| Medical and/or psychological records | | | Waiver Plan | |
| Other attachment(s): | | | | |
| **Comments, Concerns, and Questions** | | | | |
| **Additional comments, concerns, or questions for this referral (if any):** | | | | |