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| Texas Workforce Solutions logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Referral for Career Planning Assessment**   |
| **Provider Selected**  |
| **Provider name:**       | **Referral date:**       |
| **Service Premiums (if any):**  [ ] Autism [ ] Brain Injury [ ] Deaf [ ] Other:       |
| **Customer Information**  |
| **Customer name:**       | **Case ID:**       |
| **Language preference:**       | **Date of birth:**       |
| **Address:**       |
| **Phone (if any):** (   )       | **Email (if any):**       |
| **Alternate contact name (if any):**       | **Relation:**       |
| **Alternate contact phone (if any):** (   )       | **Alternate contact email (if any):**        |
| **Customer’s reported disabilities:**       |
| **VR Contact Information** |
| **Counselor name:**       |
| **Counselor phone:** (   )       | **Counselor email:**       |
| **Rehabilitation Assistant (RA) name:**       |
| **RA phone:** (   )       | **RA email:**       |
| **VR office name:**       |
| **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):**  |