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| TWC Workforce Solutions Logo | **Texas Workforce Commission****Vocational Rehabilitation Services****Referral for Provider Services**   |
| **Provider Selected**  |
| **Provider name:**        |
| **Reason for Referral**  |
| **Referral for:**       | **Referral date:**       |
| **Service provided:** [ ]  In-person [ ]  Remote [ ]  Combination of in-person and remote |
| **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**  |
| [ ]  Benefits reports (BSA, BPQY) |  [ ]  School records |
| [ ]  Case notes |  [ ]  Trial Work Plan |
| [ ]  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 (e.g., questions for a psychological or vocational evaluation):**  |