

**CONSUMER REFERRAL**

**Please email to** **smurrey@fbd.org** **or fax to 302-292-1309**

**Please complete the following information on the individual being referred: DVR and OVR counselors should include a recent Medical or Psychological Report and Discharge Summary (if individual has been institutionalized) and provide list of previous criminal charges if applicable.**

**CONSUMER INFORMATION:** Date of Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL INFORMATION:**

Referral Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Referring Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Functional Limitations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Primary Disability:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Secondary Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Severely Disabled? \_\_\_\_Yes \_\_\_\_\_ No

Please check the disadvantages that apply: ( ) Vocational ( ) Economical ( ) Educational ( ) Other

Does this person have the 9th grade reading level required for the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Individual’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC INFORMATION:**

Please check items from each category that are appropriate. **All sections must be completed.**

**Sex**:

\_\_\_\_Male

\_\_\_\_ Female

**Marital Status:**

\_\_\_\_ Single

\_\_\_\_ Married

\_\_\_\_ Separated

\_\_\_\_ Divorced

**U. S. Citizen**:

\_\_\_\_ Yes

\_\_\_\_ No

**Living Arrangements**:

\_\_\_\_ Supervised

\_\_\_\_ Monitored

\_\_\_\_ Independent

\_\_\_\_Transitional

**Veteran**:

\_\_\_\_ Yes

\_\_\_\_ No

\_\_\_\_ Vietnam Era

\_\_\_\_ Special Disabled

**Transportation**:

\_\_\_\_ Bus

\_\_\_\_ Own Auto

\_\_\_\_ Paratransit

\_\_\_\_ Public

\_\_\_\_ Special Vehicle

**Labor Force Status**:

\_\_\_\_ Employed

\_\_\_\_ Unemployed

\_\_\_\_ Under Employed

\_\_\_\_ Other

**Annual Household Income:**

\_\_\_\_ $0 - $5,000

\_\_\_\_ $5,000-$7,999

\_\_\_\_ $8,000-$9,999

\_\_\_\_$10,000-$14,999

\_\_\_\_ $15,000-$19,999

\_\_\_\_ $20,000-$39,999

\_\_\_\_ $40,000- $49,999

\_\_\_\_ $50,000 +

**Ethnic Group**:

\_\_\_\_ American Indian

\_\_\_\_ Asian

\_\_\_\_ Black

\_\_\_\_ Hispanic

\_\_\_\_ White

**Educational Status**:

\_\_\_\_ H.S. Dropout

\_\_\_\_Less than H.S.

\_\_\_\_H. S. Graduate

\_\_\_\_ GED

\_\_\_\_Post H.S.

\_\_\_\_ College Graduate

\_\_\_\_ Post College

\_\_\_\_ Special Education

**Family Status**:

\_\_\_\_ Single Parent

\_\_\_\_ Teenage Parent

\_\_\_\_ Two Parent Family

\_\_\_\_ Other Family Member

**Support:** \_\_\_SSDI \_\_\_SSI \_\_\_ Own Earnings \_\_\_Family \_\_\_Food Stamps \_\_\_General Assistance \_\_\_ Welfare

\_\_\_ Workman’s Compensation \_\_\_ Other

**Criminal History:**

Charges\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_

Charges\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Charge: \_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERRAL/PREVIOUS REHAB SERVICES INFORMATION:**

Please check or fill in appropriate areas:

\_\_\_ Prior Institutionalization \_\_\_ History of Substance Abuse \_\_\_ Public Offender \_\_\_ Receiving Mental Health Services

**Prior Rehab Agencies Attended:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed: Y N

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed: Y N

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completed: Y N

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Counselor Signature**  **Date**