



## THE CULINARY SCHOOL

### Referral

Please email to [lgrinnage@fbd.org](mailto:lgrinnage@fbd.org)

**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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 9<sup>th</sup> 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.**

<b>Sex:</b> ___ Male ___ Female	<b>Veteran:</b> ___ Yes ___ No ___ Vietnam Era ___ Special Disabled	<b>Annual Household Income:</b> ___ \$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 +	<b>Educational Status:</b> ___ H.S. Dropout ___ Less than H.S. ___ H. S. Graduate ___ GED ___ Post H.S. ___ College Graduate ___ Post College ___ Special Education
<b>Marital Status:</b> ___ Single ___ Married ___ Separated ___ Divorced	<b>Transportation:</b> ___ Bus ___ Own Auto ___ Paratransit ___ Public ___ Special Vehicle	<b>Ethnic Group:</b> ___ American Indian ___ Asian ___ Black ___ Hispanic ___ White	<b>Family Status:</b> ___ Single Parent ___ Teenage Parent ___ Two Parent Family ___ Other Family Member
<b>U. S. Citizen:</b> ___ Yes ___ No	<b>Labor Force Status:</b> ___ Employed ___ Unemployed ___ Under Employed ___ Other		
<b>Living Arrangements:</b> ___ Supervised ___ Monitored ___ Independent ___ Transitional			

**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**