



## Community Employment Services Interest Referral Form

### **IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Person making the referral: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Current Program: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Email: \_\_\_\_\_

### **PROGRAM OF INTEREST**

Please check all that apply:

#### ***Supported Employment***

- Transitional Work Group/Enclave \_\_\_\_\_
- ETP - Employment Training Program \_\_\_\_\_
- Extended Job Coaching Services \_\_\_\_\_

Is there an open ACCES-VR case? \_\_\_\_ Yes \_\_\_\_ No

- ACCES-VR Counselor: \_\_\_\_\_

Has the person worked with ACCE-VR in the past?

- ACCES-VR Closure letter may be needed.

### **PLEASE SEND THE FOLLOWING DOCUMENTATION**

- DDP2
- Lifeplan
- Notice of Decision (NOD)
- Most Recent Psychological Evaluation
- IPOP (if applicable)
- Behavior Support Plan (if applicable)
- Social Assessment
- Sexual Consenting status
- ETP or Pathways Discovery Report (if applicable)

Please note **2 forms of Identification** will be needed to complete the I9 *form at the documentation meeting*. Acceptable forms of ID are:

Social Security Card or Birth Certificate **AND** Photo ID (non-drivers ID, school ID, etc.)

### **SEND DOCUMENTS TO**

Jennifer Everett  
Senior Coordinator of Community Employment  
425 Paul Road  
Rochester, NY 14624  
Phone: 585-426-4120 ext. 3415  
Fax: 585-429-5612

Scan/Email: [Jennifer.Everett@lifetimeassistance.org](mailto:Jennifer.Everett@lifetimeassistance.org)

- **Once all documents have been received, we will contact you to schedule an informational meeting**