



PRE VOCATIONAL SERVICES INTEREST REFERRAL FORM

IDENTIFYING INFORMATION

NAME: _____ PHONE #: _____

AGE: _____

PERSON MAKING THE REFERRAL: _____ PHONE #: _____

RELATIONSHIP: _____

CURRENT PROGRAM ENROLLMENT: _____ AGENCY: _____

PROGRAM OF INTEREST

☐ SITE BASED PRE VOC

☐ COMMUNITY PRE VOC

IF UNDER AGE OF 25 – HAS THERE BEEN AN ACCES-VR CASE PREVIOUSLY? ☐ YES ☐ NO

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)

SEND DOCUMENTS TO

KYLE PRESTON

ASSOCIATE DIRECTOR OF EMPLOYMENT SERVICES

425 PAUL RD. ROCHESTER, NY 14624

585-426-4120 EXT 3434

SCAN/EMAIL: kyle.preston@lifetimeassistance.org

ONCE ALL DOCUMENTS HAVE BEEN RECEIVED, WE WILL CONTACT YOU TO SCHEDULE AN INFORMAL MEETING