

PLACEMENT PLUS  
REFERRAL FORM (P3-1)

Service Provider:

Consumer:

SSN #:  
XXX-XX-

Home Phone #:

Cell Phone #:

Address:

Emergency Contact:

Phone #:

Health Provider:

QRP/Counselor:

Email Address:

Phone #:

Work Incentive  
Counseling

IPE Vocational Goal:

Full time work  
 Part time work

*Provide pertinent information/significant highlights:*

Vocational Training/Education:

Work History/Experience:

Mode of Transportation (travel restrictions, bus pass provided) :

Source of Income:

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Legal Issues:

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Disabilities:

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Functional Capacities/Limitations (include side-effects of medications):

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Reasonable Accommodations (include medications):

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Additional Information (primary language, etc.):

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**Contact DOR/QRP prior to Intake meeting.**

**Attachments Required:**

- Signed Consent to Release (DR 264A Medical/DR264 Non-Med)     Job Readiness Inventory (DOR)  
 Consumer Self Inventory     Employment Record (DR 222B)     Health Questionnaire (DR 218)  
 Authorization     Vocational Assessments     Individualized Plan for Employment (DR 215)

Other:

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Counselor Signature:



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Distribution:     Consumer     QRP/Counselor     Service Provider

NOTICE: This information is confidential. State law and regulations prohibit any further disclosure of this information without the informed, written consent of the person to whom this information pertains.