



**NEW MEXICO
DIVISION OF
VOCATIONAL
REHABILITATION**

**Referral for Job Placement Services
VRC & Participant**

Form 1.0

ROI Signed & Placed in File ☐ Yes

Participant Identification Information		
Participant Name:		
Mailing Address, City, State, and Zip Code:		
Primary Contact Number:	Email Address:	Participant Case Number:
Secondary Number:	Secondary Email Address:	Date of Birth:
Disabilities and Functional Limitations		
Participant Disability(ies):		
Functional Limitations: <input type="checkbox"/> Mobility <input type="checkbox"/> Communications <input type="checkbox"/> Self-Care <input type="checkbox"/> Self-Direction <input type="checkbox"/> Interpersonal Skills <input type="checkbox"/> Cognitive Abilities <input type="checkbox"/> Work Tolerance <input type="checkbox"/> Work Skills		
Transportation: ADL'S: Client is Independent <input type="checkbox"/> Needs Assistance <input type="checkbox"/>		
Employment Considerations/Issues		
Education: NM Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No Criminal History: <input type="checkbox"/> Misdemeanor: <input type="checkbox"/> Felony: <input type="checkbox"/> DWI: <input type="checkbox"/> Domestic Violence: <input type="checkbox"/> Poor Credit/Bankruptcy: <input type="checkbox"/> Daycare: <input type="checkbox"/> Transportation: <input type="checkbox"/> Personal Assistant: <input type="checkbox"/> Social Security/TTW: <input type="checkbox"/>		
Additional Information/Request for Services Provided by VRC at Referral		
IPE Employment Goal:		
VRC comments to Job Developer:		
Registration w/DWS: <input type="checkbox"/> Yes <input type="checkbox"/> No Resume w/ Reference List: <input type="checkbox"/> Yes <input type="checkbox"/> No Cover Letter Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Pocket Resume Development: <input type="checkbox"/> Yes <input type="checkbox"/> No Interview Skills: <input type="checkbox"/> Yes <input type="checkbox"/> No Work Keys: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Counselor Contact Information		
Counselor's Name:		
Counselor's Phone:	Fax Number:	Email address:
Provider Chosen by the Participant for Placement Services		
Job Developer Name	Job Developer Phone #	
By signing below, I the VRC, agree with the employment goal, employment conditions, preferences, and/ or interests, knowledge, abilities, training, target job positions, and potential employers and/or businesses stated on this form that will be used in developing a employment outcome for the participant. Attach additional supporting documentation to referral if needed.		
VR Counselor's Signature		Date
Participant Signature:		Date:

Copy of this Form 1.0 to be faxed/mailed to Job Developer at same time as Authorizations; does not need to be returned with authorization for billing purposes