



**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: ☐ Mobility ☐ Communications ☐ Self-Care ☐ Self-Direction
☐ Interpersonal Skills ☐ Cognitive Abilities ☐ Work Tolerance ☐ Work Skills

Transportation:

ADL'S: Client is Independent ☐ Needs Assistance ☐

Employment Considerations/Issues

Education:

NM Driver's License: ☐ Yes ☐ No

Criminal History: ☐ Misdemeanor: ☐ Felony: ☐ DWI: ☐ Domestic Violence: ☐ Poor Credit/Bankruptcy: ☐

Daycare: ☐ Transportation: ☐ Personal Assistant: ☐ Social Security/TTW: ☐

Additional Information/Request for Services Provided by VRC at Referral

IPE Employment Goal:

VRC comments to Job Developer:

Registration w/DWS: ☐ Yes ☐ No Resume w/ Reference List: ☐ Yes ☐ No Cover Letter Development: ☐ Yes
☐ No Pocket Resume Development: ☐ Yes ☐ No Interview Skills: ☐ Yes ☐ No Work Keys: ☐ Yes ☐ 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: