



DCC Headquarters
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Potential Referral Form

Referral Date: _____

Preferred DCC Staff Member (if any): _____

Requested Program: **Testing and Evaluation** **Work Assessment - Trials (CBA)**
 Vocational Exploration/Counseling **Job Search Assistance** **Job Retention & Coaching**
 Other: _____

Referring Counselor Name:	Client Name:
Referring Agency:	Date of Birth: Lang:
Referral Source Address:	Client Address:
Referral Source Phones:	Client Phones: ,
Referral Source Email:	Client Email:

Client Demographics:

Disabling Conditions • _____ • _____ • _____	Barriers or Limitations: • _____	Treatment for Conditions at Present: • _____
Education H.S. Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Which? _____ Last Grade Completed in HS? _____ Post-Secondary Education/Degrees/Certificates? _____ On-the-Job Training? _____	Work History Last Date Worked: _____ Types of Jobs Held: • _____ • _____ • _____ • _____ • _____ Ever Been Fired? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____	Job Goals if Known: _____
Cash Benefits: (type) _____ Understands Impact of Earning Wages on Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Transportation: _____ Route Training Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accommodation Needs to Participate in Services: If so, what: _____
Criminal Record: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Alcohol/Drug History: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____

DCC GENERAL ENTRANCE CRITERIA:

- Be diagnosed with an intellectual, physical and/or mental health condition which is currently stable with or without medication or other medical or psychiatric intervention
- Be able to get to appointments with DCC Staff and/or employment sites independently or with the help of someone else
- Abstain from the use of illegal drugs at all times while enrolled in any DCC program designed to help secure and maintain employment and be willing to participate in a pre-employment drug screen if necessary
- Demonstrate respectful and safe behavior and communication with DCC Staff, referral sources and participating businesses

AND THE FOLLOWING PROGRAM CRITERION:

Comprehensive Vocational Evaluation – Entrance Criteria

- Client has undefined job goals and vocational strengths and limitations that would best be addressed through a comprehensive evaluation of intellectual, academic, psychomotor, and emotional-behavioral functioning combined with interest and personality inventories, clinical interview and vocational counseling sessions

Community Based Assessment – Entrance Criteria

- Questions exist about a person’s interests, preferences and general employability that are best suited to vocational exploration in a real-life assessment setting; some assessments might be performed re: interests and personality
- (For Employer Based CBA) Willingness to participate in an on-the-job assessment with assistance of DCC Staff in the community to determine the type and level of help that a person needs to get and keep employment
- Willingness to adhere to safety and health guidelines of a community-based work site

Job Placement– Entrance Criteria

- Already defined job and worker skills, attributes, aptitudes and preferences through prior vocational rehabilitation, work experience and/or education
- Proof of eligibility to work in the United States
- Willingness to adhere to safety and health guidelines of an employment site
- Willingness to accept employment if and when the offer matches written goals as defined in the most recent plan
- Willingness to accept help from DCC Staff as outlined in the plan once employment is accepted

Job Retention Only – Entrance Criteria

- Already Employed and in need of job coaching, employer consultation, work adjustment or long-term follow-along to maintain employment
- If on-going, long-term follow-up is needed, person served must have an identified way of purchasing services

DCC staff use only:
<u>Potential Referral is:</u>
___ Accepted into Service identified on back of form _____(date)
___ Placed on Wait List for Service identified on back of form AND _____(date)
___ Denied program entrance AND Denial Letter Sent _____(date)