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|  | **Texas Workforce Commission****Vocational Rehabilitation Services****Referral for Project SEARCH**   |
| **Provider Selected**  |
| **Provider name:**        |
| **Reason for Referral**  |
| **Referral for:** Project SEARCH   | **Referral date:**       |
| **Asset Discovery and Skills Training to be provided:** [ ]  In-person [ ]  Remote [ ]  Combination of in-person and remote |
| **Case Information**  |
| **Customer name:**       | **Case ID:**       |
| **Language preference:**       | **Date of birth:**       |
| **Address:**       |
| **Phone:** (   )       | **Email:**       |
| **Alternate contact name:**       | **Language preference of alternate contact:**       |
| **Alternate contact phone:** (   )       | **Alternate contact email:**        |
| **Customer’s reported disabilities:**       |
| **VR Contact Information**  |
| **Counselor name:**       |
| **Counselor phone:** (   )       | **Counselor email:**       |
| **Rehabilitation Assistant (RA) name:**       |
| **RA phone:** (   )       | **RA email:**       |
| **VR office name:**       |
| **Attachments**  |
| [ ]  Service authorization |  [ ]  Initial case notes |
| [ ]  Medical and/or psychological records |  [ ]  School records |
| [ ]  Individualized Plan for Employment (IPE) |  [ ]  Waiver Plan |
| [ ]  Benefits Planning Query (BPQY) |  [ ]  Other attachment(s):       |
| **Comments, Concerns, and Questions**  |
| **Additional comments, concerns, or questions for this referral (if any):**  |