



# GREEN DOOR REHABILITATION SERVICES

## Referral Form for Clubhouse and Supported Employment

### Consumer Information

PLEASE PRINT

Name: \_\_\_\_\_

*Last*

*First*

Date: \_\_\_\_\_

Ecura or DPS #: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*Apt. #*

Soc. Sec. #: \_\_\_\_\_

*City*

*State*

*Zip code*

Medicaid#: \_\_\_\_\_

Phone: \_\_\_\_\_

If no phone, how should we contact: \_\_\_\_\_

### Referral Source:

CSA/Other Agency: \_\_\_\_\_

Address: \_\_\_\_\_

*Street*

*Ste. #*

*City*

*State*

*Zip Code*

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

CSW (Case Mgr.) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Select Program consumer is being referred to:

**Clubhouse – 1623 16<sup>th</sup> St., NW**

(needs support in re-learning and practicing generic work skills such as keeping appointments, arriving at work on time, dressing appropriately for the work setting and vocational skills such as copying, operating a computer, business phone system, fax, cash register, etc.; would benefit from staff support in trying temporary, paid, part-time entry level work (i.e., Transitional Employment – TE) in the community to increase self-confidence, stamina, build up a resume, etc. before moving on to their own permanent job)

**Supported Employment – 1623 16<sup>th</sup> St., NW**

(has all the skills listed above but needs support in the following ways to obtain their own permanent, competitive job in the community: identifying their personal job skills and interests, searching for jobs, writing resumes and cover letters, interviewing, staying motivated during the job searching process, and once hired, keeping the job)

### Referral Process:

#### ATTACH ALL ITEMS LISTED BELOW TO THIS REFERRAL FORM:

\_\_\_ Results of a TB test (obtained within the past year)

\_\_\_ Psychosocial/Diagnostic Assessment (**MUST** indicate diagnostic code according to DSM-IV, must have been written within the past year and must be signed by a physician)

\_\_\_ Individual Recovery Plan (IRP) (**MUST** have been written within the past **3 months**)

\_\_\_ Dietary/Medical/Physical/Language Considerations (*Please specify:* \_\_\_\_\_)

#### MAIL ALL OF THE ABOVE ITEMS TO THE APPROPRIATE LOCATION:

- **Clubhouse** - 1623 16<sup>th</sup> St., NW, WDC 20009, Attention: Nicole Cambosas 202-462-4092
- **Employment** - 1623 16<sup>th</sup> St., NW, WDC 20009, Attention: Brenda Randall 202-462-4092