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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):** | | | | |