



Ticket to Work/Employment Network Referral

Please note: This referral is a planning document only and does not authorize services. Potential services discussed in this referral are to be negotiated between the VR counselor, Employment Network and consumer. The EN must have the Authorization for Payment (AFP) in hand PRIOR to provision and negotiated services.

Name of DVR office referred to _____ Date _____

Name of EN making the referral _____

Contact person _____ Phone _____

Name of beneficiary _____ Phone _____

Social Security # _____

Address _____

Primary disabling condition _____

Secondary disabling condition _____

Other disabling condition _____

Does consumer have legal guardian? Yes ☐ No ☐ If yes, list name and phone _____

Employment objective: _____

Specific services requested, including rationale for each (use extra sheets if necessary):

The following documents are attached:

☐ Work History ☐ Case Narrative ☐ Medical Evaluation ☐ Psychological Evaluation

☐ Release of Information ☐ Individualized Work Plan (IWP) ☐ Other _____

Reminder: This document is NOT an authorization to provide requested services.

All rehabilitation services and employment opportunities are provided without regard to sex, race, creed, national origin, disability or age.