

**Café the Lodge Transitional Employment Services Referral**

**Fax Completed referrals to Café the Lodge 610-419-3087**

**& Northampton County Mental Health 610-974-7596**

**Referral Source** \_\_\_\_\_

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

Agency: \_\_\_\_\_

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

\_\_\_\_\_

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

**Current Address/Last known Address:**

\_\_\_\_\_

\_\_\_\_\_

**Current Living Arrangement:** \_\_\_\_\_

**Current Phone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **S.S.#:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Education (highest grade completed):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

\_\_\_\_\_

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

**Relationship:** \_\_\_\_\_

**Monthly Income:** \_\_\_\_\_ **Source(s):** \_\_\_\_\_

**Magellan #:** \_\_\_\_\_ **NO** MA referred \_\_\_\_\_

**Medicare #:** \_\_\_\_\_ **NO**

**Other Insurance #:** \_\_\_\_\_

**Representative Payee:** \_\_\_\_\_

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

**Legal Charges (Past and Present):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date of Referral:**

Email: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_

**County Case#** \_\_\_\_\_

(Circle if applicable)

**ICM /ACT/Case Manager** \_\_\_\_\_

(provider) \_\_\_\_\_

**OR referred to:** \_\_\_\_\_

**Current Psychiatrist:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Ph#:** \_\_\_\_\_

**Diagnosis:**

Axis I: \_\_\_\_\_

DSM IV code: \_\_\_\_\_

Axis II: \_\_\_\_\_

DSM IV code: \_\_\_\_\_

Axis III: \_\_\_\_\_

DSM IV code: \_\_\_\_\_

Axis IV: \_\_\_\_\_

Axis V: \_\_\_\_\_

**Current Day Program:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outstanding medical conditions / physical limitations:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Probation / Parole Officer Name:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Phone #

History of Violence: \_\_\_\_\_

Active with OVR: \_\_\_\_\_

Decompensation Pattern: \_\_\_\_\_

Current Barriers to Employment \_\_\_\_\_

Fire Setting History: \_\_\_\_\_

\_\_\_\_\_

Current transportation: \_\_\_\_\_

\_\_\_\_\_

Employment history \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for referral: Please provide a brief explanation as to the need for transitional employment services. Please include areas in need of support as well as achievements and areas of success.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*\*When making a referral for employment services, please call the NC I&R Office to find out if the referred individual is Active to the County. If not, have the case activated at that time with the I&R department. The number is 610-829-4800. Employment referrals on this referral form will not be processed without the case being activated through I&R.**