

**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.**