

2 Rivers Industries, Inc.

659 Clinic Road Hannibal, MO 63401 Phone: 573-221-3211

Fax: 573-221-1321

Employee Certification Form

	1 0			
Name of Workshop:		Contact at Workshop:		
2 Rivers Industries, Inc.		Justin Barnhart, Executive Director		
Referrals' Complete Name:		Referrals Home Phone Number		
Referrals Street	Address:	City:	State:	Zip:
Referral's Social Security Number:		Referral's Date of Birth:		
D (CI (D	**************************************			
Date of Last Doo				
Has the Referral ever worked in competitive employment? Yes No				
Is the referral on SSI, SSDI or Blind Pension? Yes No				
Is the referral under Guardianship? Yes No				
	Guardians Name:			
	Guardians Street Address:			
	Guardians City, State, Zip:			
	Guardians Phone Number:			
Is the referral living in a Group Home, RCF, RSL? Yes No				
	Group Home Name:			
	Group Home Contact Person:			
	Group Home Phone Number:			
When did disability begin? (date)				
 In case of Intellectual Deficiencies, Cerebral Palsy, Autism, etc. please put referrals date of birth. In case of physical problems, put day it started or was diagnosed In case of Emotional/Mental Problems, put first time he/she sought help and talked with counselor, psychologist, psychiatrists, social worker, MD, etc. 				
	You must send records showing proof of re IEP's, IQ Testing, Hospital Records, Vocatids, etc.			
No one can be a	pproved for employment at the workshop	without these appropriate records.		
If you have any questions or concerns, please feel free to contact me:				
Justin Barnhart, Ex 659 Clinic Road Hannibal, MO 63 Email: jbarnhart@	3401	573) 221-1321		