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| **RAISING A STANDARD, INC.**  |
| **Vocational Rehabilitation Office Location**:  | R.A.S. Vendor Id#: | ***Office Use Only*****Client No**. **Entered on database ☐****By:**  **Date:**  |
| **Counselor Name**:  |  |
| **Tel:**  | **Email** |
| **Date:**  |  |
| Client Details |
| **Title** Mrs☐ Ms☐Miss☐ Mr☐ Dr☐ Other☐ | **Name:**  |
| **Address:**  | **CLIENT ID**: |
| **Date of Birth:**  |
|  ☐ ☐ |
| **Main Telephone**: | **Mobile**: | **Emergency No**: |
| **Email:**  |
| **Main Disability/Condition**: | **Other Disability/Conditions**: | **Emergency contact name:**: |
| *SERVICES:* *☐ Supported Employment ☐Vocational Evaluation (Comprehensive) ☐ Job Readiness Training ☐ Work Evaluation* *☐ Job Coaching ☐ Work Adjustment Training (Community) ☐ Personal/Social Training* |
| **Medication****Please list** |
| **Length of service?** |
| **Does the person know about this referral? Yes**☐ **No**☐**Counselor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****R.A.S. Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **R.A.S. Office Use;****Referral Accepted Yes**☐ **No**☐ Date: |

 Email: raiseastandardinc@gmail.com