



## **Vantage Point Referral Form for Self Determination Clients**

To be completed by an Independent Facilitator or Case Manager

Referral Date:

Name of Independent Facilitator:

Email Address of Independent Facilitator:

Phone Number of Independent Facilitator:

Do you want the Job Developer to contact you prior to scheduling the intake?  **Yes**  **No**

### **Client/Referral Information**

Name of Referral:

Phone Number:

Email Address:

Address:

City:

Disability:

Medications:

Accommodations Needed:

Legal History:

Vocational Goal (If known):

### **Financial Management Company (FMC) Information**

FMC Name:

Point of Contact at FMC:

Email Address of Point of Contact:



**Parent or Guardian of Referral Information (Optional)**

Name of Referral's Parent or Guardian:

Phone Number:

Email Address:

**Other Information (Optional)**

Any other Information or details we need to know?