

SUPPLEMENTAL VENDOR REFERRAL FORM

Date of Referral:		SCM File No.:			
Referring Counselor:		Authorization: # _____			
Referring MRS Office:	<input type="checkbox"/> Ann Arbor	<input type="checkbox"/> Bay City	<input type="checkbox"/> Caro	<input type="checkbox"/> Corunna	<input type="checkbox"/> Flint
	<input type="checkbox"/> Holland	<input type="checkbox"/> Lansing	<input type="checkbox"/> Midland	<input type="checkbox"/> Muskegon	<input type="checkbox"/> Oak Park
	<input type="checkbox"/> Port Huron	<input type="checkbox"/> Saginaw	<input type="checkbox"/> St. Johns	<input type="checkbox"/> Waterford	<input type="checkbox"/> Other
Vendor Assigned:					
Consumer Name:					
Address:					
Telephone:					
SS #:					
<i>SERVICE (s) REQUESTED:</i>					
<input type="checkbox"/> Assessment (Type) <input type="checkbox"/> Supported <input type="checkbox"/> Community Based	Job Goal/s: 1. _____ 2. _____ 3. _____		Assessment Needs: <input type="checkbox"/> Work Skills <input type="checkbox"/> Work Ethics <input type="checkbox"/> Work Behaviors <input type="checkbox"/> Transportation <input type="checkbox"/> Other: _____		
	Site Type/Preferences: 1. _____ 2. _____				
<input type="checkbox"/> Job Coaching	Site: _____ Schedule: _____		Other: _____		
<input type="checkbox"/> Direct Job Placement	Job Goal/s or Tasks: 1. _____ 2. _____ 3. _____ 4. _____				
<input type="checkbox"/> Vocational Testing	<input type="checkbox"/> Academic <input type="checkbox"/> Interest <input type="checkbox"/> Aptitude <input type="checkbox"/> Other: _____				
<input type="checkbox"/> School to Work	<input type="checkbox"/> Empowerment	<input type="checkbox"/> Voc Exploration	<input type="checkbox"/> Comm. Based Training/Field Supports	<input type="checkbox"/> Pre-Vocational Activities	
<input type="checkbox"/> Accommodation/s Assessment/Training. ie: Impact of disability on working.	Specifications: _____ _____ _____				
<input type="checkbox"/> Small Business Supports	Specifications: _____ _____ _____				
<input type="checkbox"/> OTHER SERVICE:	TSA				
Supporting Documentation Attached	<input type="checkbox"/> Eligibility Page	<input type="checkbox"/> IEP	<input type="checkbox"/> Case Narrative	<input type="checkbox"/> Job Readiness	
	<input type="checkbox"/> Assessment	<input type="checkbox"/> Resume	<input type="checkbox"/> Other: _____		
Other: Concerns Specific to Consumer / Prior Service Determinations:					