



CANDIDATE REFERRAL FORM

Any information you are unsure of, please leave blank or make a note of.

Name:		Birth Date:			
Address:					
City:		Postal Code:			
Phone:		Email:			
		Completion of High School?		YES	NO
Barriers/Difficulties with Finding or Keeping Employment:					
Information About Disability and Necessary Accommodations:					
Previous Interventions/Training/Completed Workshops:					
Future Goals and Aspirations:					
General Strengths & Weaknesses (reading, writing, computer use, social skills):					
How would you rate the client's 'work readiness?' (10 being very work ready):			How would you rate the client's independence level? (10 being very independent):		
1 2 3 4 5 6 7 8 9 10			1 2 3 4 5 6 7 8 9 10		
Does the client have a resume?			If yes, is the resume attached to the referral form?		
Yes / No <small>*If yes, please attached</small>			Yes / No		
Case Manager Name & Job Title:					
Contact Number and Email:					
Agency:					