



Supported and Customized Employment Referral

Referral Information:

Nebraska VR Office: _____ Referral Date: _____

VR Employment Specialist: _____

Phone Number: _____ Email: _____

SE Provider: _____

SE Service: Supported Employment Customized Employment Discovery

SE Type: BH DD/ID Autism ABI

Client Information:

Client Name: _____ DOB: _____

Street Address: _____

City, State & Zip: _____

Phone Number: _____ Email: _____

Social Security Recipient: SSI SSDI Both Applying No

Authorized Representative: Yes No Contact Name: _____

Phone Number: _____ Email: _____

Payee: Yes No Contact Name: _____

Phone Number: _____ Email: _____

DHHS Service Coordinator: Yes No Contact Name: _____

Phone Number: _____ Email: _____

Employment Information: (if applicable)

Employer: _____ Job Title: _____

Job Start Date: _____ Hourly Wage: _____ Hours/Week: _____

Benefits: Vacation Sick leave Health Insurance Retirement

Supervisor/Employer Contact Name: _____

Phone Number: _____ Email: _____

Attach the following documents:

- Individualized Plan for Employment (IPE)
- IPE data entry/electronic workbook from QE2
- Eligibility documentation (including impairment(s) and functional capacities)
- Benefits orientation checklist/assessment report (if applicable)
- ABI Interview Form (for referrals to ABI supported employment)
- VR Profile (for Discovery referrals)
- Vocational Evaluation Report (if applicable)
- Authorization