

ATP/VR REFERRAL FORM

CPAP
Pre-ETS
AgrAbility
Supported
Employment

Forms will be returned if all the information is not completed.

ATP/VR Referral Form on VRIS is fillable, do not submit handwritten information.

• Email ATP/VR Referral Form as an attachment to atp.vrforms@nebraska.gov

Date	Male	Home Phone
Name	Female	Cell
	Did not Identify	E-mail
Address		Date of birth
City/State/Zip		Age
County		Contact (if other than client)
Disability		Name
		Email
		Phone
		Employment start date
		School start date
*Required *IPE Yes No *High School Student Yes No		
What is the barrier to employment or training?		Pre-ETS High School Address City/Zip School Contact Phone Email
Service and Device Application completed/given to client <small>*Service and Device application is required for all projects in order to obtain comparable benefits</small>		

• The following information is required in order to identify comparable benefits or supplemental funding.

Income VR Shared Cost \$ SSI Monthly Amount \$ SSDI Monthly Amount \$ Wages Monthly Amount \$ Other Monthly Income Amount \$ No Income	Insurance Medicare Medicaid Private Insurance No Insurance	Residential Status Renter Homeowner Other <i>Please explain</i>
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Referred by	Office Associate
Office	Phone
Phone	E-mail
E-mail	

Complete this section ONLY for priority cases requiring immediate action. 1, 2 AND 3 MUST BE COMPLETED.

1. Check all that apply: High risk of losing job High risk of failing classes

Other _____

2. EXPLANATION OF #1 ABOVE REQUIRED:

3. APPROVED BY VR OFFICE DIRECTOR: _____