07/2023

Supported and Customized Employment Referral

Referral Information:

Nebraska VR Office: Choose an 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: _____

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Supported and Customized Employment Referral

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: _____

<u>Attach the following documents:</u>

- 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