

**Job Seeker:Date of Referral:**
**Phone Number:**
**Clinician: Diagnosis:**
 **Job Seeker has Insurance?XOHP / EOCCO**  **DMAP**  **Other:**

Client must have OHP to participate in SEprogram or must be willing to pay the sliding scale fees.

 **MHCare Plan includes Supported Employment?**
**Note:***If the Care Plan is not updated, please***do not submit***this referral until it is.*
*Care Plan =Supported Employment, 30 units/month, 1 year, QHMA/QMHP*
*>>Don't forget to update the assessment if needed.*

**Information to discuss withtheJob Seeker:**

1. What are someof the Job Seeker's strengths?
2. What does the Job Seeker hope to accomplish by working?
3. What type of employment does this Job Seeker desire?
4. What symptoms may complicate working or job hunting?
5. What kind of environment does the Job Seeker need to be successful?
6. Is there any substance use, is the Job Seekercurrently using?
7. Can the Job Seeker pass a background check? What history may interfere?

*For use by the Supported Employment Team*

Initial Call (1)	Call (2)	Call (3)	Call (4)	Call (5)	Enroll Date

Caller: please record date and initial. Notes can be recorded on back of this form.