



**Lionheart WORKS
VR Referral Form**

225 Roswell Street
Alpharetta, GA 30009
Phone: 770.772.4555
Fax: 770.772.1871

Client Name:
Counselor / Case Mgr.:
Referral Date:
Case #:

Address			
Street:			
City:		State:	Zip:

Emergency Contact			
Name:			
Phone:		Relation:	

Client Phone #:

Date of Birth:

Benefits Received:

SSI SSDI Medicaid Other

Days of Service Requested:

M T W Th F

Services Requested (Check All):

	Code	Service	Rate
<input type="checkbox"/>	675	Personal & Social Adjustment: 1:1	
<input type="checkbox"/>	677	Personal & Social Adjustment: Group	
<input type="checkbox"/>	630	Job Readiness Training	
<input type="checkbox"/>	940	Job Coaching	
<input type="checkbox"/>	702	Work Adjustment Training (Facility)	
<input type="checkbox"/>	704	Work Adjustment Training (Community)	
<input type="checkbox"/>	651	Career Orientation/Job Sampling	

	Code	Service	Rate
<input type="checkbox"/>	652	Work Evaluation	
<input type="checkbox"/>		Customized Supported Employment	
<input type="checkbox"/>		Transportation (to facility)	
<input type="checkbox"/>		Transportation (to community)	
<input type="checkbox"/>	21	Voc. Eval. (comprehensive)	
<input type="checkbox"/>	23	Voc. Eval (limited, 5hrs.)	
<input type="checkbox"/>			

Reason for Referral:

Diagnosis / Disability:

Functional limitations to be addressed:

Specific Behavioral Issues:

Work History:

Educational History:

Medical History / Medications:

Convictions / known violent behaviors:

Other Pertinent Information:

Please attach any additional information on a separate sheet of paper