



Employment Services Referral Form

Referral Date: _____

Personal Information:

Full Legal Name: _____ Date of Birth: _____

Gender/Preferred Pronouns: _____ Phone Number: _____

Address: _____ Email Address: _____

City, State, Zip: _____ SSN: _____

PMI Number: _____ Economic Assistance Case Number: _____

Preferred Language: _____ Interpreter Needed (Y/N): _____

Emergency Contact Information:

Name: _____ Relationship to Client: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Email Address: _____

Preferred Language: _____ Interpreter Needed (Y/N): _____

Legal Status & Legal Representative Contact Information:

Responsible for Self

Guardian/Power of Attorney/Health Care Directive Agent **(Complete Section Below)**

Name: _____ Relationship to Client: _____

Address: _____ Phone Number: _____

City, State, Zip: _____ Email Address: _____

Preferred Language: _____ Interpreter Needed (Y/N): _____

Case Manager Contact Information:

Name: _____ Title: _____

Agency: _____ Phone Number: _____

Fax Number: _____ Email Address: _____



Financial Worker Contact Information:

Financial Worker Name: _____ Phone Number: _____

County of Financial Responsibility: _____ Fax Number: _____

Email Address: _____

Staff Preferences:

Male/Female: _____ Ethnicity: _____

Language Preferences: _____ Other Requests: _____

Employment Stage:

- Engage (Waiver) – First Stage** – Exploring Options for Employment
- Plan (Waiver) – Second Stage** – Planning for Employment Goals, Preparing Resume
- Find (VRS) – Third Stage** – Applying for Places of Employment, Preparing & Completing Interviews
- Keep/Job Coach (Waiver) – Fourth Stage** – Maintaining Employment

Client Availability:

Please list days & times of the week that the client would be available to work with staff.

Requested Documentation:

- Community Support Plan (CSP)
- Coordinated Services & Supports Plan (CSSP)
- Other documentation that is deemed necessary

***Please Submit Referral Form & Request Documentation to: ESSReferrals@ilpmn.com**