



**Employment Services Referral Form**  
**Please fax to: 815-968-7612**

Referring Agency:	Email:
Contact Person: Title:	Phone Number:
Address:	Fax Number:
<b>Referral Information</b>	
Full Name:	Date of Referral:    /    /
Address:	
Phone Number:	Best time to Contact:
Email Address:	Date of Birth:    /    /
Currently Receiving: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Both <input type="checkbox"/> None <input type="checkbox"/> Unsure	
Has the referral ever assigned their Ticket to another Employment Network: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Has the referral ever received services from a State Vocational Rehabilitation Agency: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Is the referral a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
<b>Work/Education Information</b>	
Is the referral interested in earnings at a level that would eventually result in getting off benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Date last worked:    /    /	
Prior work experience (please describe):	
Highest level of education received:	
<input type="checkbox"/> Some High School	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> GED/High School Graduate	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Some College	<input type="checkbox"/> Other : _____
<input type="checkbox"/> Associate's Degree	
<b>Other Information</b>	