



**Peoples Oakland
Supported Employment Program
REFERRAL FORM**

Date of Referral: _____

Customer Name: _____ Client ID #: _____

Social Security # _____ Date of Birth: _____

Address: _____ Customer Phone (H): _____

_____ Customer Phone (C): _____

Referral Source Name: _____ Phone #: _____

Referral Source Agency: _____ Referral Source email: _____

Case Manager: _____ Phone: _____

Clinician: _____ Phone: _____

Other contacts: _____ Phone: _____

Diagnosis: _____ ICD 10 #: _____

Consumer is currently receiving services through what agency(s)? _____

Current OVR case opened: yes _____ no _____ OVR Counselor: _____

What type of work is the person interested in? _____

Are there any physical limitations? _____

Is there a criminal history? _____

Any substance abuse issues? _____

Please include Psychiatric Evaluation with Referral Form.
[NOTE: In lieu of a Psychiatric Evaluation, submit a treatment plan that lists diagnosis and is signed by a Psychiatrist or Psychologist.]

**** Please forward Referral Form and Psychiatric Evaluation to:**

Erin Neuman-Boone

3433 Bates Street, Pittsburgh PA 15213

Office: 412-683-7140 Fax: 412-683-7138 Email: erinn@peoplesoakland.org

Date received: _____

Assigned Employment Specialist: _____ Date: _____