



Community Rehabilitation Program Referral Form

p 410.863.7213 f 410.863.7205 www.pdgrehab.com
804 Landmark Drive, Suite 118, Glen Burnie, Maryland 21061

Date of Referral: _____

Name: _____ SS#: _____

DOB: _____ Sex: _____ Race: _____ Highest Grade Completed: _____

Address: _____

City: _____ ST: _____ Zip: _____ County: _____

Phone: (Home) _____ (Work/Cell) _____

Emergency Contact/Relationship to Consumer: _____

Phone: (Home) _____ (Work/Cell) _____

Entitlement Information:

SSI \$: _____ SSDI \$: _____

Medicaid or PAC #: _____ Medicare #: _____

Services Requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Career Assessment | <input type="checkbox"/> Work Adjustment Training | <input type="checkbox"/> Special Program: Intensive Employment Training |
| <input type="checkbox"/> Job Development, Placement & Retention | <input type="checkbox"/> Job Coaching – Non-Supported | |
| | <input type="checkbox"/> Supported Employment | |

Reason for Referral: _____

Disability information/impact: *(include functional capacities limitations and related factors).*

Please indicate any behaviors that would indicate an increased risk to self or others *(homicidal/suicidal ideations or attempts of self injury, aggression, etc.)*

Information attached: *(Please attach all that is available)*

- | | | |
|---|---|--|
| <input type="checkbox"/> DORS Application (RS-1c) | <input type="checkbox"/> Specialist Evaluation | <input type="checkbox"/> Career Assessment |
| <input type="checkbox"/> DORS Health Status Self Report (RS-1e) | <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Award Letter/Report |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> DORS Rehabilitation Plan | |
| <input type="checkbox"/> Other: (Facilities may require additional information; see admission procedures) | | |

Referrer Signature

Consumer Signature

Referrer e-mail

Consumer e-mail