

Orange County Local Partnership Agreement

Competitive Integrated Employment

Universal Referral Sheet

Date of Referral: _____	Individual: _____	Age: _____
Phone #: _____	E-Mail: _____	
Parent/Guardian Name: _____		
Phone #: _____	E-Mail: _____	
Referring Agency: _____		Phone #: _____
Referring Staff Name: _____		E-Mail: _____

(Please see OCLPA Universal Referral Process Directions Sheet.)

Please circle Yes/No for service agencies (1-6). Indicate specific program/school name and include contact name if known. Additionally, circle Yes for agencies referring to:

CURRENT & POTENTIAL EMPLOYMENT RELATED SERVICE AGENCIES	
Directions: Under each agency/organization, please indicate the current status of the individual/client, circle Yes or No. Additionally, include location/site and a contact person for the agency /institution. For potential referrals, please circle Yes and include notations as applicable.	
1. DEPARTMENT OF REHABILITATION	
CURRENT: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Rehabilitation Counselor/QRP:	
2. REGIONAL CENTER	
Current: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Service Coordinator:	
3. SECONDARY/POST SECONDARY SETTING	
Current: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Education Contact:	
4. ONE-STOP CENTER/ AMERICAN JOB CENTER (AJCC)	
Current: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Staff Contact:	
5. SERVICE PROVIDER	
Current: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Staff Contact:	
6. OTHER AGENCY OR SERVICE PROVIDER	
Current: Yes/No	Potential Referral: Yes
Office/location:	Notes:
Staff Contact:	

Please include previous and/or needed details relevant to work training, employment and other services needed to promote success in the workforce development process:

☐ Work Training Services (*Explanation*) _____

☐ Employment Services (*Explanation*) _____

☐ Other Support Services (*Explanation*) _____

COMMENTS: _____

Please attach resume, if available.

(Referring Agency, please attach any additional assessment or relevant information on the client. Each Agency is responsible for following "Release of Information" procedures for your own agency.)

URP # 3 (9-21-18)