



## Career Planning Referral Form

<u>Client Information</u>	
<b>Name:</b> _____ <b>Address:</b> _____  <b>Are they their own guardian?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Guardian:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____	<b>DOB:</b> _____ <b>Age:</b> _____ <b>Date of Referral:</b> _____ <b>Home Phone:</b> _____ <b>Cell:</b> _____ <b>Email:</b> _____  <b>Do they have a payee?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Representative Payee:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Address:</b> _____
<u>Administrative</u>	
<b>MAINECARE #:</b> _____ <b>Section of Mainecare:</b> _____ <b>EIS Relationship with GTS?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Primary Contact Person for Scheduling / Coordinating Services:</b> _____	
<u>History</u>	
<b>Volunteer History?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Details:</b> _____  <b>Legal / Criminal History?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Details:</b> _____  	<b>Work History?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Details:</b> _____  <b>Work Restrictions:</b> _____ <b>Work Preferences / Interests:</b> _____  
<u>Education</u>	
<b>High School:</b> _____ <b>High School Diploma?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Secondary Education?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Secondary Education:</b> _____



<b>Graduated in:</b> _____ <b>Received Special Education?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Certifications?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Certificate in:</b> _____
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**Services**

<b>Residential Staffing?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>House Manager:</b> _____ <b>Agency:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Fax:</b> _____  <b>Community Supports?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>House Manager:</b> _____ <b>Agency:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Fax:</b> _____	<b>Case Management?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Case Manager:</b> _____ <b>Agency:</b> _____ <b>Phone:</b> _____ <b>Email:</b> _____ <b>Fax:</b> _____  <b>Counseling?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Provider:</b> _____ <b>Agency:</b> _____ <b>Physical Therapy?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Provider:</b> _____ <b>Agency:</b> _____ <b>Medication Management?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Provider:</b> _____ <b>Agency:</b> _____
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**Health / Medical**

<b>Health Concerns:</b> _____ _____ _____ <b>Allergies:</b> _____ _____ <b>Medications:</b> _____ _____ _____	<b>Medical Diagnoses:</b> _____ _____ _____ <b>Mental Health Diagnoses:</b> _____ _____ _____
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**Please mail or fax applicable documents prior to client's first visit**

- ☐ Person Centered Plan (PCP)
- ☐ Psychological Evals
- ☐ Vocational Rehab Evals
- ☐ Medication List
- ☐ Diagnosis (Last doctors appointment etc.)
- ☐ Any other pertinent information

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