



State of Illinois  
Department of Human Services  
Division of Rehabilitation Services  
Consent for Services

I hereby give consent (permission) for \_\_\_\_\_  
(Student's Name)

to receive and participate in vocational rehabilitation services that will lead too employment.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

Student's social security number: \_\_\_\_\_  
\*Required by DHS to receive services

Projected graduation date: \_\_\_\_\_

Expected Outcome (circle one):

- Competitive Employment
- Supported Employment
- 4 Year College
- 2 year College
- Vocational Training





State of Illinois  
 Department of Human Services  
 REFERRAL & INTERVIEW

Referral Section

|                 |  |
|-----------------|--|
| Last Name:      |  |
| First Name:     |  |
| Middle Initial: |  |

|                       |  |
|-----------------------|--|
| District:             |  |
| County:               |  |
| Veteran (Y/N):        |  |
| Migrant Worker (Y/N): |  |
| Other Program Codes:  |  |

|  |  |
|--|--|
| Date of Referral:                                  |  |
| Reason for Referral:                               |  |
| Social Security Number:                            |  |
| Age/Date of Birth:                                 |  |
| Gender:  |  |
| Disability Code (Primary and Secondary) and Codes: |  |
| Referral Source:                                   |  |

|                             |  |
|-----------------------------|--|
| Address:                    |  |
| Phone:                      |  |
| Alternative Contact (Name): |  |
| Alternate Address:          |  |
| Alternate Phone:            |  |

Accommodation or Language Needs:

Anyone in household interested in cash, medical, or food stamp assistance (Y/N):

Other Insurance Provided: \_\_\_\_\_

Section Completed By: \_\_\_\_\_



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FUNCTIONAL LIMITATIONS

Student: \_\_\_\_\_

Mobility:

- \_\_\_\_\_ Utilizing transportation
- \_\_\_\_\_ Travelling alone in unfamiliar places
- \_\_\_\_\_ Other

Self-Care:

- \_\_\_\_\_ Managing daily schedule
- \_\_\_\_\_ Performing activities of daily living
- \_\_\_\_\_ Adjusting to changes in daily routine or new situations
- \_\_\_\_\_ Managing financial responsibilities
- \_\_\_\_\_ Managing medical needs
- \_\_\_\_\_ Assessing, recognizing, managing potential environmental hazards
- \_\_\_\_\_ Other

Work Skills:

- \_\_\_\_\_ Maintaining concentration and attention
- \_\_\_\_\_ Learning new tasks
- \_\_\_\_\_ Remembering, understanding and/or following oral or written instructions
- \_\_\_\_\_ Reading, spelling or math rules
- \_\_\_\_\_ Achieving expected productivity
- \_\_\_\_\_ Meeting deadlines
- \_\_\_\_\_ Following safety rules
- \_\_\_\_\_ Reporting to work on time, returning from breaks, lunch, etc.
- \_\_\_\_\_ Inability to transfer work skills
- \_\_\_\_\_ Other

Communication:

- \_\_\_\_\_ Talking/speaking
- \_\_\_\_\_ Hearing and understanding spoken language
- \_\_\_\_\_ Writing/printing short notes and communications
- \_\_\_\_\_ Reading and comprehending notes, signs, instructions
- \_\_\_\_\_ Other

Self Direction:

- \_\_\_\_\_ Maintaining schedules and routines
- \_\_\_\_\_ Following directions
- \_\_\_\_\_ Completing tasks
- \_\_\_\_\_ Identifying consequences of behavior
- \_\_\_\_\_ Working independently
- \_\_\_\_\_ Other

Interpersonal Skills:

- \_\_\_\_\_ Demonstrating appropriate and acceptable social behavior
- \_\_\_\_\_ Establishing or maintaining positive relationships and/or interactions
- \_\_\_\_\_ Adjusting to disability related characteristics
- \_\_\_\_\_ Other

Work Tolerance:

- \_\_\_\_\_ Leaving/missing work for medical treatment/problems
- \_\_\_\_\_ Working an eight hour day
- \_\_\_\_\_ Sitting/standing/walking for extended periods
- \_\_\_\_\_ Performing work requiring frequent lifting, carrying, pushing, pulling
- \_\_\_\_\_ Being adversely affected by change in environment (i.e. heat/cold)
- \_\_\_\_\_ Other