

Linking Employment, Abilities and Potential (LEAP)

REFERRAL for SERVICES

Today's Date _____

Referring Agency Name _____ **Referring Staff Name** _____

Agency Address _____

Referring Staff/Agency Tel. No. _____

Referring Person/Relationship to Consumer (if not an agency) _____

CONSUMER INFORMATION

Consumer's Name _____

Address _____

Telephone Number(s) _____

Date of Birth _____ **Gender M** _____ **F** _____

Level of Education _____

Income Type _____ **Amount** _____ **Currently working? Yes/No**

Guardian/Payee _____ **Phone #** _____

Description of Disability(s)

Consumer's Goals

SERVICE(S) REQUESTED

Authorization Dates: **From** _____ **To** _____ **(If applicable)**

Check all that apply (please indicate # of hours/units authorized, if applicable):

Health Careers Education

- ___ Home Health Aid Training
- ___ State Tested Nurses Assistant Training
- ___ Dining Assistant Training
- ___ Individualized Supports
- ___ State Tested Nurses Assistant Test Prep

Independent Living Services

- ___ Employee Development/Personal Adjustment
- ___ Work Apparel Assistance
- ___ Independent Living Evaluation
- ___ Route Training
- ___ Drivers License Written Test Prep
- ___ Disability Benefits Assistance
- ___ Benefits Analysis &/or Waiver Support
- ___ Application/Appeal for Benefits
- ___ PASS Development
- ___ PASS Maintenance Services
- ___ Supportive Services (specify below*)
- ___ Low Vision Program

Assistive Technology Center/Computer Training

- ___ Assistive Technology Services
- ___ Assistive Technology Assessment
- ___ Computer Baseline Assessment
- ___ Computer Literacy Classes

Community Employment

- ___ Community Based Assessment
- ___ Career Exploration
- ___ Community Based Work Adjustment
- ___ Vocational Evaluation
- ___ Computer Skills Training
- ___ Clerical Skills Assessment
- ___ Job Seeking Skills Training
- ___ Job Club
- ___ Job Placement
- ___ Job Coaching
- ___ Job Retention

Youth Transition

- ___ Job Link School-to-Work Program
- ___ High School/High Tech

****Other*** _____

Additional information about services requested (i.e. potential barriers) or other comments:

Signature/Title of Referring Staff

LEAP – Cleveland Office
 2545 Lorain Ave
 Cleveland, OH 44113
 216-696-2716
 Fax: 216-687-1453

LEAP - Elyria Office
 2100 North Ridge Rd.
 Elyria, OH 44035
 440-324-3444
 Fax: 440-324-2112