



612-752-8100 TDD ~ 612-752-8019 FAX ~ 612-752-8101

TO REFER: Please return completed referral from and disability related or medical information to: Helen Kilian, MRC, 2438 27th Ave S, Suite 100, Minneapolis, MN 55406 FAX # 612-752-8101

INTAKE

ASSESSMENT SERVICES

- Career Compass
Course 1 Course 2 Course 3
Transferrable Skills Assessment
Community Based Assessment/Job
Tryout - Industry/job requested:
Corporate Visit/job Shadow - Industry/job requested:
Transportation Assessment and Coaching
Other Assessment:

TRAINING AND EDUCATION SERVICES

- Accounting Support Training Program
Entrance Assessment
Workplace Essentials Training
Business and Computer Applications Specialist Training
Accounting Support 101 Training
Medical Office Support Training Program
Entrance Assessment
Workplace Essentials Training
Business and Computer Applications Specialist Training
Healthcare Technician Training
Contact Center Training Program
Entrance Assessment
Workplace Essentials Training
Contact Center 101 Training

- Office Support Specialist Training Program
Entrance Assessment
Workplace Essentials Training
Business and Computer Applications Specialist Training
IT Support Training Program
Entrance Assessment
Workplace Essentials Training
Business and Computer Applications Specialist Training
Computer Technician Training
Building Facilities Training Program
Entrance Assessment
Workplace Essentials Training
Maintenance Custodial Fundamentals Training
Building Operations Manager Training
Maintenance Custodial Skills Training Program
Entrance Assessment
Workplace Essentials Training
Maintenance Custodial Fundamentals Training
Warehouse Operations Training Program
Entrance Assessment
Workplace Essentials Training
Manufacturing and Warehouse Fundamentals Training
Core Manufacturing Skills Training Program
Entrance Assessment
Workplace Essentials Training
Manufacturing and Warehouse Fundamentals Training
Manufacturing Skills 102 Training
Workplace Essentials Training

- One-to-One Computer Training:
Focus:
Other Training:
Industry Certification Preparation Courses
A+ Certification Prep & Exam
Special Engineers (Boilers) License Prep & Exam
Certified Pool Operator (CPO) Certification Prep & Exam
Network+ Orientation & Exam
Microsoft Office Specialist 2010 Certification Exam & Prep (MOS)
Word Excel PowerPoint
OSHA General Industry Safety and Health Training Certification Prep & Exam

EMPLOYMENT RELATED SERVICES

- Placement
Worksite Support
Case Management/Job Site Services
Extended Employment
Ticket to Work
ARMHS
Other:

PARTICIPANT NAME: SOCIAL SECURITY NUMBER:
ADDRESS: APT #: EMAIL:
CITY: STATE: ZIP: COUNTY:
HOME PHONE: WORK PHONE: MESSAGE PHONE:
RACE: SEX: DATE OF BIRTH: AGE: TRANSPORTATION: CAR BUS METROMOBILITY
TOTAL # OF INDIVIDUALS IN HOUSEHOLD: BREAKDOWN = ADULTS (18+) CHILDREN W/AGES:
HOUSING STATUS: LIVES IN PERMANENT HOUSING LIVES IN TEMPORARY HOUSING (SHELTER, FRIEND, TRANSITIONAL, HOMELESS)
PERSON TO CONTACT IN AN EMERGENCY:
RELATIONSHIP PHONE
DISABILITY: YES NO US CITIZEN: YES NO VETERAN: YES NO IMMIGRANT: YES NO
PHYSICIAN: MEDICATIONS:
PRIMARY DISABILITY:
SECONDARY DISABILITY:
JOB RELATED LIMITATIONS:
REASONABLE ACCOMMODATIONS ARE PROVIDED UPON REQUEST - PLEASE LIST NECESSARY ACCOMMODATIONS:
FELONY CHARGES: YES NO DATE(S): FELONY/INCARCERATION FOR FELONY IN LAST 7 YEARS? YES NO
DESCRIPTION:
MISDEMEANOR CHARGES: YES NO DATE(S): DESCRIPTION:
PROBATION OFFICER: PHONE:

MRC REFERRAL FORM

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Complete all applicable information.

PARTICIPANT: _____

******MANDATORY: ALL REFERRING COUNSELORS/AGENCIES ARE TO COMPLETE #1******
COMPLETE #2 IF PAYMENT SOURCE IS DIFFERENT/IN ADDITION TO REFERRING COUNSELOR.
RESOURCE STAFF COMPLETE #3 – FOLLOW DIRECTIONS FOR RESOURCE INTERNAL REFERRALS

#1

REFERRING COUNSELOR: _____ **PHONE:** _____

REFERRAL SOURCE/AGENCY: _____

ALTERNATE CONTACT FOR COUNSELOR/VR TECH: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FAX: _____ EMAIL: _____

#2

BILL PAYMENTS TO (IF DIFFERENT THAN/IN ADDITION TO REFERRAL SOURCE)

CONTACT: _____ COMPANY NAME: _____

PHONE: _____ CLAIM NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FAX: _____ EMAIL: _____

#3

RESOURCE INTERNAL REFERRAL - RESOURCE Staff Only

COMPLETE AND ATTACH:
RESOURCE TRAINING AUTHORIZATION FORM FOR MRC SERVICES
Located on Intranet under Accounting Forms

CURRENT PARTICIPANT EMPLOYMENT INFORMATION:

EMPLOYER: _____ ADDRESS: _____

WORK PHONE: _____ EMPLOYMENT START DATE: _____

CURRENT HOURLY WAGE _____ # OF HOURS PER WEEK _____ HEALTH BENEFITS ___ YES ___ NO

JOB DUTIES: _____

CONCERNS ABOUT EMPLOYMENT SITUATION: _____

HAS DISABILITY BEEN DISCLOSED TO EMPLOYER? _____

SUPERVISOR: _____ SUPERVISOR PHONE: _____

COMMENTS: _____

REFERRING COUNSELOR SIGNATURE: _____ **DATE:** _____