



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: Marjie Blevins, 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:** _____