



Minnesota Resource Center

ST. CLOUD
320-227-1305

TO REFER: Please return completed referral form and disability related or medical information to:

Carrie Stang, RESOURCE Minnesota Resource Center St. Cloud
3400 First Street North Suite 404, St Cloud, MN 56303,
or FAX to 320-259-1309 or Email to cstang@resource-mn.org

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 & Coaching
Other:

EMPLOYMENT RELATED SERVICES

- Placement
Extended Employment
Worksite Support
Other

CAREER EDUCATION

- 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
Workplace Essentials Training

Industry Certification Preparation Courses

- Microsoft Office Specialist 2010 Certification Prep & Exam (MOS)
Word Excel PowerPoint
Special Engineer (Boilers) License Prep & Exam
Certified Pool Operator (CPO) Certification Prep & Exam
Other:
One-to-One Computer Training Focus:

Intro and Intermediate Short-term Training: Please list classes:

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:

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 DESCRIPTION:

MISDEMEANOR CHARGES: YES NO DESCRIPTION:

DATE (S): PROBATION OFFICER: PHONE:

RESOURCE MINNESOTA RESOURCE CENTER ST CLOUD REFERRAL FORM

PAGE 2 OF 2

Complete all applicable information.

PARTICIPANT: _____

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

#1

REFERRING COUNSELOR: _____ PHONE: _____
REFERRAL SOURCE/AGENCY: _____
ALTERNATE CONTACT FOR COUNSELOR/VR TECH: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

#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 Use 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: _____