

ATP/VR REFERRAL FORM

September 2012

☛ Forms will be returned if all the information is not completed.

ATP/VR Referral Form on VRIS is fillable, do not submit handwritten information.

★ Email ATP/VR Referral Form as an attachment to atp.referrals@nebraska.gov or fax the form to ATP (402) 471-6052

| | |
|--|---|
| Date | |
| Name | Home Phone |
| Address | Cell |
| City/State/Zip | Other |
| Disability | E-mail |
| IPE <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of birth |
| High School Student <input type="checkbox"/> Yes <input type="checkbox"/> No | Age |
| Employment start date _____ School start date _____ | Contact (if other than consumer) |
| Reason for referral | Name |
| | Home Phone |
| | Cell |
| | Other |

★ The following information is required in order to identify comparable benefits or supplemental funding.

| | | |
|---|---|--|
| Income <input type="checkbox"/> VR Shared Cost \$ <input type="checkbox"/> SSI Monthly Amount \$ <input type="checkbox"/> SSDI Monthly Amount \$ <input type="checkbox"/> Wages Monthly Amount \$ <input type="checkbox"/> Other Monthly Income Amount \$ <input type="checkbox"/> No Income | Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> No Insurance | Residential Status <input type="checkbox"/> Renter <input type="checkbox"/> Homeowner <input type="checkbox"/> Other <i>Please explain</i> |
|---|---|--|

| | |
|-------------|------------------|
| Referred by | Office Associate |
| Office | Phone |
| Phone | E-mail |
| E-mail | |

Complete this section ONLY for priority cases requiring immediate action. 1. AND 2. MUST BE COMPLETED.

1. Check all that apply: High risk of losing job High risk of failing classes
 Other _____

2. EXPLANATION OF #1 ABOVE REQUIRED: