

# Extended Employment Services

Rocky Mountain Rehab, P.C.

## Referral

### Part A – Certification of Eligibility

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Birth date: \_\_\_\_\_ Primary disability: \_\_\_\_\_ Secondary disability: \_\_\_\_\_

Client choice of CRP: 1. \_\_\_\_\_ 2. \_\_\_\_\_

### Signature for Certifying Extended Employment Services

VR counselor: \_\_\_\_\_ Date: \_\_\_\_\_

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### Part B – Waiting List/Service Type

Waiting List (Status 50) for:     \_\_\_ Sheltered Employment (Status 51)  
  \_\_\_ Supported Employment Follow-Along (Status 52)  
  \_\_\_ Supported Employment Crew (Status 60)

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### Part C – Decertification

#### VR counselor only

\_\_\_ Status 54, Decertified from VR Funded Services (Status 58)

\_\_\_ Status 57, Decertified from Waiting List (Status 50)

#### CRP representative only

\_\_\_ Status 55, Decertified from Sheltered Employment (Status 51)

\_\_\_ Status 56, Decertified from Supported Employment Follow-Along (Status 52)

\_\_\_ Status 59, Decertified from Supported Employment Crew (Status 60)

Decertification reason: \_\_\_\_\_

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### Signature for Decertifying Extended Employment Services

CRP/VR representative: \_\_\_\_\_ Date: \_\_\_\_\_