# Partnering for Jobs

## Collaborative Partners:

**Lifetrack Resources, Canvas Health, Vocational Rehabilitation Services and Washington County**

# Referral Form

Send to **Canvas Health| Attn: Danielle Eliasen**
**7066 Stillwater Blvd. Oakdale, MN 55128**
**EMAIL: deliasen@canvashealth.org**

**Referral Date:** _____ **Referring Person:** _____

**Referral Agency and Phone:** _____

**Name:** _____ **Address:** _____

☐ Male ☐ Female ☐ Non-Binary ☐ TransMan ☐ TransWoman ☐ Gender nonconforming ☐ Other, not listed ☐ Decline to Answer

**Preferred Pronouns:** ☐ He ☐ She ☐ They ☐ Ze ☐ No pronoun preference ☐ a pronoun not listed: _____

**Phone** ☐**H** ☐**C:** _____ **(e-mail)** _____ **Date of Birth:** _____

**Guardian:** ☐ Y ☐ N **Name:** _____ **Phone:** _____

**Mental Health Diagnosis:** _____ **Age of Onset:** _____

**Secondary Disability:** _____

**Criminal History:** ☐ Y ☐ N **Current Charges:** _____

**Probation Officer:** ☐Y ☐ N **Name:** _____ **Phone:** _____

***EDUCATION LEVEL:***
- ☐Not Known
- ☐Jr. High
- ☐H.S./GED
- ☐Some College
- ☐Some Vo Tech
- ☐College
- ☐Spec. Ed

___Total Years of Ed.

***RESIDENTIAL STATUS:***
- ☐Independent
- ☐Nursing Home
- ☐Parent/Family
- ☐Residential Facility
- ☐Supported Housing (SILS)
- ☐Other

***RACE:***
- ☐African American
- ☐African Immigrant
- ☐American Indian
- ☐Asian/Pacific Islander
- ☐Latino
- ☐Multi-Racial
- ☐White
- ☐Unknown/Not Stated

**U.S. Citizen** ☐Y ☐N

**National Origin:** _____

**Immigrant Status** _____

***MARITAL STATUS:***
- ☐Married
- ☐Single
- ☐Single Parent

***EMPLOYMENT HISTORY:***
- ☐Competitive
- ☐Volunteer
- ☐Military Service
- ☐None Reported

***INCOME/BENEFIT SOURCE:***
- ☐Adult Foster Care
- ☐Employment
- ☐Family
- ☐Food Stamps
- ☐General Assistance
- ☐Housing Subsidy
- ☐MAEPD
- ☐Medical Assistance
- ☐Medicare A
- ☐Medicare B
- ☐MFIP/TANF
- ☐MN Care
- ☐MSA
- ☐MN Care
- ☐Pension
- ☐SSDI
- ☐SSI/MA
- ☐Soc. Sec. Retirement Benefits
- ☐Survivor Benefits
- ☐Unemployment Benefits
- ☐Worker's Comp
- ☐Other_____

***TRANSPORTATION:***
- ☐Own Vehicle
- ☐Bus
- ☐Transit Link
- ☐Other

***MEDICAL RESTRICTIONS/ LIMITATIONS:***

***ALLERGIES:***

***Identify active service and provider:***

**ARMHS:**

**Psychiatry:**

**Day Treatment:**

**Out Patient:**

**Other:**

## *QUESTIONS:*

**Call Sierra Dooley**
**Phone: 651-338-7559**
**Fax: 651-251-5110**
**Email:**
**Sierra.Dooley@lssmn.org**

## *NOTES:*

***(Admin only)***
- ○ Treatment Plan
- ○ Diagnostic Assessment
- ○ Functional Assessment
- ○ Locus

Client ID: _____

**Complete Back Side**

# Partnering for Jobs

**Referral Information-** This form is to be filled out by the referring individual (i.e. ARMHS provider, Psychiatrist, or Case Manager, etc.). This information will be used in order to appropriately engage your client in Vocational and/or Educational Services through the Partnering for Jobs Program. After talking with your client about this program, complete this referral packet; the Primary PJ Referral Form, your answers to these questions, and the completed Releases of Information for Lutheran Social Service of MN, MN Vocational Rehabilitative Services, and Washington County (if referring individual is a Washington County employee). Send this packet to Danielle Eliasen at Canvas Oakdale via interoffice mail or by email (deliasen@canvashealth.org).

1. Please include some information about your client's mental health symptoms and how they might affect a job?

2. What is your client currently saying about work (their motivation, readiness to take active steps towards competitive employment part-time or full-time)?

3. What do you see as your client's strengths regarding work (experience, personality, supports etc.)?

4. What job (type, hours, etc.) do you think might be a good match for your client?

5. How might be best partner together in order to enhance your work with your client and lead to a successful job match (e-mails, meetings, etc)?