



P.O.W.E.R., INC.

POWER OPERATING WITH EMPLOYMENT SPECIALISTS, INCORPORATED
MEMBER OF POWER, INC.

6400 W. Main, Suite 1F-3, Belleville, IL 62223, 314-270-2990 powerclient@outlook.com

REFERRAL FORM

Consumer's Information			
Last Name _____, First Name _____, Middle Int. _____			
Gender : Male _____ Female _____			
Nick Name: _____			
Consumer's Information			
Consumer's Current Address:			
Street Address: _____ City: _____ State: _____			
County: _____			
Documented Disability: _____ Yes _____ No			
Consumer's Telephone	(____) _____ -- _____	Date of referral	____/____/____
Consumer's D.O.B	____/____/____	SS#	____-____-____
Referral source:	Your Name/Agency	Date referral was received (POWER STAFF)	____/____/____
Phone Number:	(____) _____ -- _____		
Assigned to (POWER STAFF)		Date:	
Date of first meeting with employment specialist.	____/____/____	Date Employment Plan was completed (POWER STAFF)	____/____/____
Consumer's Employment Goals:			
Date: ____/____/____ Service Type: _____			
Program Code: _____ Eligible Pending Date: ____/____/____			
Substance use Yes: ____ No: ____ Substance: _____			
Criminal history (if any): Yes _____ No _____ Warrants: Yes _____ No: _____			
How did you hear about us?			
Any information you feel would help this person reach his or her employment goals?			

* Gray areas for POWER, INC Staff only