



Human Solutions LLC

Ticket to Work Referral Form

Please fax to: (877) 567-8003

Referring Agency:		E-Mail:		
Contact Person: Title:		Contact #:		
Address:		Fax #:		
Client Information:				
Name	Last	First	Middle	Date of Referral: / /
Phone Number:		Best Time to Contact:		
Email Address:		Between the ages of 18-64? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Currently receiving: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Both				
Is Ticket currently assigned to another Employment Network? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of current Employment Network: _____				
Has client ever received services from State Vocational Rehabilitation agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What's client's immediate career goal (type of job or industry)?				
Is client interested in returning to work with the goal earning above Substantial Gainful Activity (2012 - \$1,010 per month) and eventually getting off of benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Prior work experience (type of job or industry)?				
Last time worked (month/year)? _____ / _____		Does client have access to a computer and the Internet? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is client a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Highest level of education (Please check):				
<input type="checkbox"/> Some High School		<input type="checkbox"/> Bachelor's Degree		
<input type="checkbox"/> GED/High School Graduate		<input type="checkbox"/> Graduate Degree		
<input type="checkbox"/> Some College		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Associate's Degree		Area of Study: _____		
Other information:				