



State of Utah  
Department of Workforce Services  
**REFERRAL FOR CRP ASSESSMENT**

This form is to be completed by the VR Counselor and sent to the CRP with an Authorization For Services.

Client is being referred for the following:

- Discovery Assessment       Career Profile (IPS)       Pathways-Discovery  
 Other (Please Specify): \_\_\_\_\_

**Counselor Referral Page**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

CRP Referring to: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Client Cell: \_\_\_\_\_

Guardianship:  Yes     No    If yes, Parent/Guardian name and phone: \_\_\_\_\_

**Resources available to Client** (check all that apply)

**Extended Services Provider** (Supported Employment)

- Division of Services for People with Disabilities (DSPD)  
 Mental Health Provider: \_\_\_\_\_  
 Partnership Plus (TTW)  
 Other: \_\_\_\_\_

**Health Insurance** (check all that apply)

- Medicaid       Medicare       Parent's Insurance       Spouse's Insurance  
 Other: \_\_\_\_\_

**Social Security Benefits**

- Supplemental Security Income (SSI)       Social Security Disability Insurance (SSDI)

**Benefits Planning**

- Completed     Pending, Date Scheduled: \_\_\_\_\_     Not Applicable

**Benefits Summary Info:**

**Other Services/Benefits:**

**Describe the following as it applies to client:**

**Current Work Skills** (knowledge, skills, and abilities):

**Work Skill Development Needs:**

**Jobs of Interest:**

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**Interpersonal/Social Skills:** (explain issues regarding personal space, ability to communicate, informal/formal speech):

**Identified Assistive Technology Needs** (glasses, UCAT device, etc.):

**Communication Needs** (interpreter, etc.):

**Behavioral/Self-regulation:**

**ADLs (hygiene, meal prep, etc.):**

**Additional Information:**

Family Issues/Supports:

Criminal Background (expungement, etc.):

School/Academic (can include behavioral information):

**CRP Information**

Assigned Employment Specialist/Job Coach: \_\_\_\_\_

ACRE Certified?  Yes  No CE Certification (if applicable)?  Yes  No

VR Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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