



Universal Referral Tool

Orange County Local Partnership Agreement

Competitive Integrated Employment

Universal Referral Tool

Date of Referral: _____ Individual: _____ DOB: _____
 Phone #: _____ E-Mail: _____
 Parent/Conservator Name: _____
 Phone #: _____ E-Mail: _____
 Referring Agency: _____ Phone #: _____
 Referring Staff Name: _____ E-Mail: _____
 URP Designated Point of Contact: _____ Agency: _____

CURRENT & POTENTIAL EMPLOYMENT RELATED SERVICE AGENCIES			
<p>Directions: Under each agency/organization 1-6, please indicate the current status of the individual/client, circle Yes or No. Additionally, include location/site and a contact person for the agency. For potential referrals, please circle Yes and include notations as applicable. When identified, please include the Agency Representative who will be working with the URP Team and the date contacted.</p>			
1. DEPARTMENT OF REHABILITATION		Agency Representative	Date Contacted
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Rehabilitation Counselor/QRP:			
2. REGIONAL CENTER			
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Service Coordinator:			
3. SECONDARY/POST SECONDARY SETTING:			
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Education Contact:			
4. ONE-STOP CENTER/ AMERICAN JOB CENTER (AJCC)			
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Staff Contact:			
5. SERVICE PROVIDER:			
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Staff Contact:			
6. OTHER AGENCY OR SERVICE PROVIDER:			
Current: Yes/No	Potential Referral: Yes		
Office/location:	Notes:		
Staff Contact:			

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Please include previous and/or needed details relevant to work training, employment and other services needed to promote success in the workforce development process:

Work Training Services (*Explanation*)

Employment Services (*Explanation*)

Other Support Services (*Explanation*)

COMMENTS:

Please attach resume, if available.

(Referring Agency, please attach any additional assessment or relevant information on the client. Each Agency is responsible for following "Release of Information" procedures for your own agency.)

URP # 3 (6-8-19)