<u>PBH Career Services</u> Preferred Employment Services

725 Airport Rd. Lakewood, NJ 08701 · 732-367-5439 · FAX 732-367-8242

REFERRAL SOURCE AGREEMENT

This agreement has been prepared for professionals who are considering referring consumers to Preferred Employment Services for Supported Employment (SE).

The consumer must meet the criteria below to be eligible for our services:

- 1. In treatment for severe and persistent mental illness (Axis I diagnosis).
- 2. Difficulty choosing, getting and keeping a job due to mental health symptoms.
- 3. Have a desire to work and receive support by our staff.
- 4. Reside in Ocean County.

When we receive a completed referral, we will contact consumer within 2 weeks to schedule an intake appointment. If accepted, the consumer will attend Job Prep that consists of 6-8 workshops that will give us an opportunity for assessment. Upon completion, a service plan will be implemented for job development. The service plan is comprised of the consumer's employment preferences, and interests.

Clinical and case management responsibility will remain with the referral source for the duration of program participation from the consumer. If for any reason the consumer is changing his/her Doctor, Therapist or Case Manager, please notify.

REFERRAL SOURCE INFORMATION

Name/Position	
Agency/Address	
Work PhoneFax _	
Signature	_Date

When returning this form please include a recent Psychiatric Evaluation

Recent copy of Social Security Award Letter

Please forward this referral to:

Preferred Career Services Supported Employment 725 Airport Road PO Box 2036 Lakewood, New Jersey 08701 Phone- 732-367-5439

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Provider Authorization for Supported Employment (SE)

Consumer Nam	e:		DOB:	_	
Address:			_ City	_	
State:	_Zip:	_ Telephone			
Social Security	#			-	
Diagnosis:					
DSM Code:					
Medications:					
Psychiatric Hos	pitalizations:				-
What are the mo	tivating factors the c	onsumer has demo	nstrated in wanting to	work?	_
	-				
Can the consun successful at w	er find/keep a job wit ork?	hout assistance? V	Vhat could SE provide	that the consumer wou	ld need in order to be
Current Mental	Status:				
Under the stres	ses of employment, w	hat symptoms migl	ht occur?		
How have the s	mptoms affected the	ir ability to work su	ccessfully?		
Signs of Decom	pensation:				
Additional infor	mation that may be h	elpful for considera	tion:		_
					_

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Psychiatrist's Signature	Case Manager/Clinician	Date