



DIABLO VALLEY COLLEGE

### WorkAbility III – Referral Form

321 Golf Club Road

Pleasant Hill, CA 94523

(925) 685-1230 ext. 2080

Fax: (925) 691-9645 TTY: (925) 682-0340

Counselor: \_\_\_\_\_

Intake Date: \_\_\_\_\_

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

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

Is Client currently a DVC Student?

City/State/Zip \_\_\_\_\_

Yes\_\_\_\_\_ No\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**\*Assigned WorkAbility Code: G-76.** Counselors Note: This project code number must be entered on the “intake” screen. This should replace any previous code.

Client Signature

Date

DOR Counselor Signature

Date

#### Employment Development Information:

1. Job Goal on Rehabilitation Plan: \_\_\_\_\_
2. Is the Client seeking: Full-Time work? \_\_\_\_\_ Part-Time work? \_\_\_\_\_
3. Does Client have own car or access to a car to go to interviews? Yes\_\_\_\_\_ No\_\_\_\_\_
 

If yes, does Client possess a disabled parking placard? Yes\_\_\_\_\_ No\_\_\_\_\_

If no, is Client knowledgeable of public transportation (buses, BART, etc.)? Yes\_\_\_\_\_ No\_\_\_\_\_
4. Will Client need workplace accommodations or adaptive technology? Yes\_\_\_\_\_ No\_\_\_\_\_
 

If yes, please specify: \_\_\_\_\_
5. Is client a: SSI recipient? \_\_\_\_\_ SSDI recipient? \_\_\_\_\_
6. Does Client have a résumé (regardless of condition)? Yes\_\_\_\_\_ No\_\_\_\_\_
 

If yes, do you want me to rewrite/update it? Yes\_\_\_\_\_ No\_\_\_\_\_
7. Primary Disability: \_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_
8. Secondary Disability: \_\_\_\_\_ Mild\_\_\_\_\_ Moderate\_\_\_\_\_ Severe\_\_\_\_\_
9. Main Employment Barrier(s): \_\_\_\_\_
10. Additional Comments: \_\_\_\_\_

**NOTE TO COUNSELORS: Please provide the following documents with the Referral Form. Thank you.**

- |  |                                  |
|--|----------------------------------|
| ___ DVC Disability Verification form                     | ___ Client’s educational records |
| ___ DOR Employment Record (DR 222B)                      | ___ Résumé (if any)              |
| ___ Medical History or DOR Health Questionnaire (DR 218) | ___ Current IPE                  |