



Creating Opportunities For Independent Living And Work Referral

\*Last Name \_\_\_\_\_ \* First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street \_\_\_\_\_ City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ \* Gender \_\_\_\_\_ \* Social Security Number \_\_\_\_\_

Are you a Veteran? \_\_\_ Yes \_\_\_ No

Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No If no, enter work authorization number? \_\_\_\_\_

Do you receive SSDI/SSI benefits? \_\_\_ Yes \_\_\_ No

What is(are) your disability(ies)?

\_\_\_\_\_  
Code \_\_\_\_\_ \*  
\_\_\_\_\_  
Code \_\_\_\_\_ \*  
\_\_\_\_\_  
Code \_\_\_\_\_ \*

Is/are your disability(ies) the result of a workplace accident? \_\_\_\_\_

Who referred you to MRC? \_\_\_\_\_ Code \_\_\_\_\_

How are you hoping MRC can assist you? \_\_\_\_\_

What is your current level of education? \_\_\_\_\_

Do you have a criminal history? \_\_\_\_\_ If yes, have you requested a copy of your CORI? \_\_\_\_\_

Have you ever had issues with substance abuse? \_\_\_\_\_ If so, what is your date of sobriety? \_\_\_\_\_

Are you currently working? (Y/N) \_\_\_\_\_

If not, what was your last job? \_\_\_\_\_

How long did you work there? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

How did you hear about MRC? \_\_\_\_\_ Code \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Date of Referral \_\_\_\_\_ Case # \_\_\_\_\_

688 Transitional Case? (Y/N) \_\_\_\_\_ Referred from Virtual Gateway? \_\_\_\_\_