



**REACHING E-QUALITY EMPLOYMENT SERVICES**

Promoting Employment of People with Physical Disabilities or Health Conditions

Please print out this form **and CONSENT Form** (fill out send as noted below)

<b>Referral Form To Reaching E-quality Employment Services</b>	Today's Date:	Referring Organization Name: (if applicable)
		Referring Contact Name:
		Referring Contact phone #:
Participant LAST Name (in capitals):	D.O.B. (YY/MM/DD)  / /	Referring Organization Fax #:
		Referring Contact Email:
Participant First (Given) Name:	Mode of Transportation	Disability or Health Condition(s)/Accommodations (if declared)
Participant Middle Name or Initial (if applicable)		
Participant Contact phone #:	Gender: (circle)  Male    Female  Or Prefer not to answer	Alternate Contact Name: (if applicable)
Cell #		Alternate phone # or email: (if applicable)
Participant Contact email: (if applicable)		Intake Date: (Office use only)
		Consent to release information completed on: Date: _____ Your Initials: _____

Once completed, please forward **both** Referral and Consent forms to:

Scanned and emailed (preferred): [tdahl@re-es.org](mailto:tdahl@re-es.org)

Or Fax to: **204-947-2932**

If you require information, clarifications or updates regarding this file, please contact Program Manager, Tammy Dahl at- [email: tdahl@re-es.org](mailto:tdahl@re-es.org) phone: **204-832-7337 ext 229**