

REHABILITATION CONSULTANTS, INC.

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CLIENT INFO:

NAME: _____ COUNSELOR: _____

FUNDING SOURCE: _____ VR OFFICE: _____

CLIENT ADDRESS: _____ SSN #: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

CLIENT ADDRESS PREVIOUSLY: _____

CITY: _____ STATE: _____ ZIP: _____ HOW LONG: _____

DOB: _____ PRIMARY PHONE: _____

INTAKE DATE: _____ SECONDARY PHONE: _____

CONTACT INFO: _____ EMAIL: _____

CONTACT 1: _____ PHONE: _____

CONTACT 2: _____ PHONE: _____

CONTACT 3: _____ PHONE: _____

BROKERAGE: _____ P.A: _____

ELIGIBILTIY: _____ PHONE: _____

SSI? SSDI? UNEMP? FOODSTAMPS?

CRIMINAL BACKGROUND- Y/N FELONIES / MISDEAMEANORS Y/N DRUG HISTORY Y/N

EXPLAIN? _____

DISABILITY 1: _____ DISABILITY 2: _____

LIMITATION 1: _____

LIMITATION 2: _____

DISABILITY 3: _____ DISABILITY 4: _____

LIMITATION 3: _____

LIMITATION 4: _____

WHAT ARE YOUR STRENGTHS?

MEDICATIONS: _____

“CHANGING LIVES THROUGH EMPLOYMENT”

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WORK HISTORY: _____

CERTIFICATIONS: F/H CARD: Y / N _____

EDUCATION: HS-MOD / GED / DIPLOMA COLLEGE: AA / BA / BS / M / NONE / SOME

COURSES: _____

AVAILABILITY: _____

_____ **PREFERS - AM SWING PM GRAVE**

TRANSPORTATION: _____

ODL/OID#: _____ **EXP.:** _____

INTERESTS/HOBBIES: _____

WORK INTERESTS:

JOB GOALS: _____

GOALS: PT / FT JP / JD / ASSESS / RETENTION / LABOR SURVEY/OTHER _____

TOP 5 COMPANIES:

JOB DESCRIPTION/POSITION:

1. _____ 1. _____

2. _____ 2. _____

3. _____ 3. _____

4. _____ 4. _____

5. _____ 5. _____

COMMENTS: _____
