

**Linking Employment, Abilities and Potential (LEAP)**

**REFERRAL for SERVICES**

**Today's Date** \_\_\_\_\_

**Referring Agency Name** \_\_\_\_\_ **Referring Staff Name** \_\_\_\_\_

**Agency Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Referring Staff/Agency Tel. No.** \_\_\_\_\_

**Referring Person/Relationship to Consumer (if not an agency)** \_\_\_\_\_

**CONSUMER INFORMATION**

**Consumer's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number(s)** \_\_\_\_\_

**Birth date** \_\_\_\_\_ **Gender M** \_\_\_\_\_ **F** \_\_\_\_\_

**Level of education** \_\_\_\_\_

**Income type** \_\_\_\_\_ **Amount** \_\_\_\_\_ **Currently working? Yes/No**

**Guardian/Payee** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Description of disability(s)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Consumer's Goals**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SERVICE(S) REQUESTED**

**Authorization Dates:**        **From** \_\_\_\_\_ **To** \_\_\_\_\_ **(If applicable)**

**Check all that apply (Please indicate # of hours/units authorized, if applicable):**

***Center for Personal Assistance:***

- \_\_\_ Home Health Aid Training
- \_\_\_ State Tested Nurses Assistant Training
- \_\_\_ Dining Assistant Training
- \_\_\_ Individualized Supports
- \_\_\_ State Tested Nurses Assistant Test Prep

***Doris Brennan Center for Disability Ed. and Advocacy:***

- \_\_\_ Employee Development/Personal Adjustment
- \_\_\_ Work Apparel Assistance
- \_\_\_ Independent Living Evaluation
- \_\_\_ Route Training
- \_\_\_ Drivers License Written Test Prep
- \_\_\_ Disability Benefits Assistance
- \_\_\_ Benefits Analysis &/or Waiver Support
- \_\_\_ Application/Appeal for Benefits
- \_\_\_ PASS Development
- \_\_\_ PASS Maintenance Services
- \_\_\_ Supportive Services (specify below\*)
- \_\_\_ Low Vision Program

***Assistive Technology Center/Computer Training:***

- \_\_\_ Assistive Technology Services
- \_\_\_ Assistive Technology Assessment
- \_\_\_ Computer Baseline Assessment
- \_\_\_ Computer Literacy Classes

***Community Employment:***

- \_\_\_ Community Based Assessment
- \_\_\_ Career Exploration
- \_\_\_ Community Based Work Adjustment
- \_\_\_ Vocational Evaluation
- \_\_\_ Computer Skills Training
- \_\_\_ Clerical Skills Assessment
- \_\_\_ Job Seeking Skills Training
- \_\_\_ Job Club
- \_\_\_ Job Placement
- \_\_\_ Job Coaching
- \_\_\_ Job Retention

***Youth Transition:***

- \_\_\_ Job Link School-to-Work Program
- \_\_\_ High School/High Tech

***\*Other*** \_\_\_\_\_

**Additional information about services requested (i.e. potential barriers) or other comments**

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**Signature/Title of Referring Staff**

**LEAP**  
1468 W. 25th Street  
Cleveland, OH 44113  
216-696-2716  
Fax: 216-687-1453

**Center for Personal Assistance**  
3030 Euclid Avenue, Suite 212  
Cleveland, OH 44115  
216-431-8312  
Fax: 216-431-8318

**Lorain County Branch Office**  
2100 North Ridge Road  
Elyria, Oh 44035  
440-324-3444  
Fax: 440-324-2112