

Request for Services - Goodwill Industries of the Heartland

Employment Services - Davenport
121 W. Locust, Suite 300
Davenport, IA 52803
(563) 327-0150 fax: (563) 823-0185

Employment Services - Muscatine
2001 Cedar Plaza Drive
Muscatine, IA 52761
(563) 263-2826 fax: (563) 263-2826

Instructions. Complete both sides upon referral to the initial Goodwill service. Submit with documentation of disability and appropriate referral information. Thank you for this referral.

Name _____ Date _____
(last) (first) (m.i.)

Address _____ Phone _____

Title XIX Number: _____ Diagnosis Code _____

Date of birth _____ SS# _____ SSI: \$ ____/mo. SSDI: \$ ____/mo.

Guardian _____ Address _____ Phone _____

Disability: Primary _____ Secondary _____

Identified strengths _____

Identified barriers _____

Medications _____

Are specific workplace accommodations desired? ___ No ___ Yes _____

History of aggression toward self, others and/or property: ___ yes ___ no ___ unknown

Residential Status: ___ Independent ___ Family/friends ___ Programming _____

Vocational History: ___ Currently working ___ Worked previously, not currently ___ Never worked

Employer _____ Job _____ Dates _____

Employer _____ Job _____ Dates _____

Employer _____ Job _____ Dates _____

County of Legal Settlement _____ Previously at GW? ___ No ___ Yes ___ Unknown

Educational Information (post secondary, secondary, special ed., GED, etc.) _____

Referring Agency _____ Address _____

Phone _____ Fax _____

Referring person _____ Title _____
(signature)

Addendum to Request for Services Goodwill Industries of the Heartland

(IVRS: submit a new *Addendum* when referring for a subsequent Goodwill service or group of services. Thank you.)

Client _____ Referring Agency _____ Referring Counselor _____

Service Request: IVRS: ___ D1 ___ D2/D3 ___ D5 ___ D7 ___ D8 ___ D9 ___ D10 ___ D11 ___ D12 ___ D13
 ___ D14 ___ D15 ___ D15A ___ D15B ___ D16/D17 ___ D18/D19 ___ D20
 ___ D21/D22/D23

Counties & others: ___ Supported Employment ___ Enclave ___ Sheltered ___ Work Activity

Hab. or HCBS: ___ Job Coaching ___ Activities to obtain Job ___ Enclave ___ Prevocational

Title XIX #: _____

County of Legal Settlement _____

Client preferences/work requests _____

Specific referral questions (for assessment services) or training objectives (for other services)

1. _____

2. _____

3. _____

Employment goal (type of job, hours per week, etc.) _____

Persons to be included on the Interdisciplinary Team _____

Comments _____

Referring Person _____
(signature)

Date _____