

Request for Services - Goodwill Industries of the Heartland

Goodwill Industries of the Heartland
1410 South 1st Avenue
PO Box 1696
Iowa City, IA 52244-1696
Phone: (319) 337-4158
Fax: (319) 337-7369

Goodwill Industries of the Heartland
Employment Services
1700 South 1st Avenue, Suite 11A
Iowa City, IA 52240-6074
Phone: (319) 337-4889
Fax: (319) 337-5494

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 _____

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 : Activities to obtain job Enclave Job Coaching Prevocational: MR BI

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 _____