



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
LANSING

SUSAN CORBIN  
DIRECTOR

## MICHIGAN REHABILITATION SERVICES REFERRAL FORM

MRS partners with individuals and employers to achieve quality employment outcomes and independence for individuals with disabilities.

MRS assists people with disabilities to prepare for, find and keep a job.

<b>NAME:</b>	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
<b>PARENT/GUARDIAN (WHEN APPLICABLE):</b>	<input type="checkbox"/> DOES NOT WISH TO IDENTIFY	
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE: MI</b>	<b>ZIP:</b>
<b>PHONE NO: (PLEASE INCLUDE PARENT'S/GUARDIAN'S #)</b>		
<b>EMAIL: (PLEASE INCLUDE PARENT'S/GUARDIAN'S EMAIL)</b>		
<b>PREFERRED METHOD OF CONTACT:</b>		
<b>REFERRED BY:</b>		
<b>ARE YOU A FORMER MRS CUSTOMER:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>SCHOOL/GRADE:</b>		
<b>SCHOOL CONTACT:</b>		
<i><b>FOR AGENCY USE ONLY:</b></i>		
<b>DATE OF PHONE CALL/WALK-IN REFERRAL:</b>		
<b>STAFF INITIALS:</b>		
<b>LOGGED:</b>		
<b>REFERRAL ID#:</b>	<b>COUNSELOR:</b>	
<input type="checkbox"/> NO SHOW/NO CALL	<input type="checkbox"/> CHOSE NOT TO APPLY	
<input type="checkbox"/> RESCHEDULED		