



Carolina Case Management & Rehabilitation Services, Inc.

DATE: _____

JOB SEEKING SKILLS CLASS REFERRAL FORM

CLIENT'S NAME: _____

TELEPHONE #: _____ MAILING ADDRESS: _____

Months/years out of work: _____

Claims Adjuster Name/Address: _____

Cc: Attorney Name: _____

CURRENT WORK RESTRICTIONS:

PREVIOUS JOB TITLE/EMPLOYER:

HOBBIES:

TYPES OF EMPLOYMENT INTERESTS:

TRANSFERRABLE SKILLS (what other jobs can the client perform based on residual skills)
Please List:

CASE MANAGER:
MEDICAL: _____

VOCATIONAL: _____

Thank you for your referral,

Jacqueline Jessie BA
Job Placement Specialist