

# Partnership Plus Handoff Referral Form



*(To be completed by VR Rehab Counselor)*

Date:		
Rehab Counselor Name:	Telephone/Email:	
Ticket Holder Name:		
SSN:	DOB:	Sex: M / F
Ticket Holder Employer:		
Employer Address and (Supervisor) Telephone:		
Date of Hire:	Hourly Rate:	
What are the most vital ongoing job support services to retain the Ticket Holder on the job?:		
Additional important Ticket Holder information:		

*(To be completed by FreeneyRCS)*

Date:
IWP Date:



**Gloria Freeney**  
Freemey RCS  
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Review Ticket Holder employment status with rehab counselor? Yes / No
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Has a Work Incentive Plan been completed? Yes / No
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