

Kentucky Office of Vocational Rehabilitation
Personal Futures Planning or Planning Alternatives Tomorrows with Hope
Facilitator Referral Form

Referring Counselor

Counselor Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Consumer Information

Consumer Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____ Date of Birth: _____

Email Address: _____

Best Way to Reach Consumer? : _____

Does Consumer Text? Yes No

Is Interpreter Needed? Yes No

Reason for Referral

How will this help with the Individualized Plan for Employment Development?

Has Consumer Agreed to Person-Centered Planning? Yes No

Facilitator Referred To:

Name: _____

Address: _____

City: _____ Zip Code: _____

Telephone Number: _____

Email Address: _____