

Attachment H

VR&E CONTRACT REFERRAL FORM



Department of Veterans Affairs

1. LAST - FIRST - MIDDLE NAME OF VETERAN «FullName»	2a. Referral Number	2b. TASK ORDER NUMBER
3. NAME OF CONTRACTOR	4. CONTRACT NUMBER	5. FISCAL YEAR

6. ADDITIONAL IDENTIFYING DATA:
 SSN: «SSN» (Last 4 Digits only) DATE OF BIRTH: «DOB» VETERAN'S ETD: «ETD»
 OIF/OEF _____
 ADDRESS: «MailingAddress»
 HOME PHONE: «HomePhone» WORK PHONE: «WorkPhone» EMAIL ADDRESS: <<email>>
 DISABILITY RATING: «CombDegree»% Chapter: ___ 31 or: ___ 18 ___ 30 ___ 32 ___ 33 ___ 35 ___ 36
 PRIMARY DISABILITY DESCRIPTION: «DisabilitiesDesc»
 DOT CODE & DOT JOB TITLE: «RehabDOTCode» «RehabDOTTitle»
 SERIOUS EMPLOYMENT HANDICAP: Yes _____ No _____ PERIOD OF PERFORMANCE: _____ DUE DATE: _____

7. SERVICES REQUIRED					
CLIN	BOC	TYPE OF SERVICE REQUIRED	Total Cost/ Flat Rate	«CaseMgr Name»	Authorized By
		Service Group A – Initial Evaluation (Ch 18 or 31)			
	2504	Complete Initial Assessment			
	2504	Vocational Evaluation			
	2504	Transferable Skills Assessments			
	2504	Vocational Exploration			
		Service Group B – Case Management (Ch 18 or 31)	Cost Per Month		
	2505	Standard Case Management			
	2505	Intensive Case Management			
	2505	Follow-Up Case Management Services			
		Service Group C – Employment Services (Ch 18 or 31)	Cost Per Hour		
	2506	Job Readiness Assessment			
	2506	Job Readiness Development & Job Placement Services			
	2506	Follow-Up Services			
		Service Group D – Educational and Vocational Counseling (Chapters 30, 32, 33, 35, & 36)	Total Cost/ Flat Rate		
	4192	Initial Educational & Vocational Assessment			
	4192	Educational and Vocational Career Counseling			
		Service Group E – Discrete Services (Ch 18 or 31)	Total Cost		
	4147				

	4147				
	4147				
		Service Group E – Discrete Services (Ch 18 or 31)	Cost Per Hour		
	4147				
	4147				

This allows you to provide this person with the services in Item 7. As shown in the contract, VA needs these services to process a claim for vocational rehabilitation, education and training, or for vocational and educational counseling. This individual must report for counseling for you to claim payment for providing these services. VA referrals are limited to the number of persons for which VA has obligated funds. At any time before you begin to deliver services to this counselee, VA may stop this authorization by written notice if payment would exceed the legal limits for contract counseling. VA cannot pay for services you begin to provide after you receive written notice.

8. ALLOTMENT ACCOUNT SYMBOL		9. TITLE 38, U.S. CODE <i>(Check applicable box)</i> <input type="checkbox"/> CH 31 <input type="checkbox"/> CH 18 <input type="checkbox"/> CH 30, 32, 36, 106, 107 <input type="checkbox"/> CHAPTER 35
10. OBLIGATION AMOUNT \$	11. DATE «CurrentDate»	12. SIGNATURE AND TITLE OF REFERRING VRC
Regional Office		