



## Individual Placement and Support (IPS) Supported Employment Referral

*An evidence-based approach to paid competitive employment*

Name:	Date:	
Client ID #:	MA #:	D.O.B.:
Address:	Phone:	
ICD-10 Diagnosis Code:	SSN:	
Case Manager/Service Facilitator:	Mental Health Treatment Team:	
What are some of your work goals?		
What kind of support would you like to reach your work goals?		
What job (type of job, hours, etc) do you think would be a good match?		

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Signature of consumer or persons authorized to consent

Date

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Signature of person making referral

Date



**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION: MENTAL HEALTH TEAM**

Consumer Name: \_\_\_\_\_

I hereby authorize Chrysalis to release and obtain information from the following:

\_\_\_\_\_  
Mental Health Team & Address

Release Information that pertains to individual vocational goals including but not limited to;

- Job development
- Job coaching
- Mental health information
- Financial information

Obtain Information that pertains to individual vocational goals including but not limited to;

- Mental health background and current status
- Criminal Justice background
- Financial information
- Housing information
- Medication information

The purpose or need for such disclosure is to best assist an individual with successful job placement.

This consent expires (one year from date signed): \_\_\_\_\_

NOTE: This consent to disclose may be revoked by me at any time, except to the extent that action has been taken in reliance thereon.

\_\_\_\_\_  
Signature of client or persons authorized to consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of person signing authorization

\_\_\_\_\_  
Date

NOTE: All matters relating to consumer records are considered confidential and are treated as such by the employees of Chrysalis. Information regarding such matters cannot be given without the consent of the consumer.