

## Day and Employment Services Referral Form

To start your referral, please fill out all 7 pages of the form. When finished, email the form and the required documents to [lifeworksreferrals@lifeworks.org](mailto:lifeworksreferrals@lifeworks.org)

Please ensure that everything is complete and all documents are included to avoid delays.

### Parameters:

Please review our service guidelines below. If the client cannot meet these, we will be unable to serve the client.

Employment Services	Day Support Services
Lifeworks Employment services are competitive community-based services	Lifeworks cannot support 1:1 staffing needs throughout the service day
Lifeworks staff does not support entire work shifts. Extended time for onboarding, training, and support of new job tasks is available to be scheduled	Lifeworks cannot administer any form of injectable medication
Employment services require clients to have unlimited alone time throughout the entirety of their service	Lifeworks cannot provide accommodation for staffing preferences
Lifeworks does not provide accommodation for staffing preferences and cannot provide staffing greater than 1:1	Lifeworks cannot engage in any type of restraint. For emergencies, 911 will be called
Lifeworks cannot engage in any type of restraint. For emergencies, 911 will be called	Clients requesting services must attend a minimum of 3 days/week for 6 hours/day
Lifeworks Employment Specialists are available Monday through Friday, typically between 8:00am-5:00pm	Clients supported at Brooklyn Park and New Hope locations require 30 minutes of alone time
Employment services use community-based transportation services such as Metro Move, Metro Mobility and Lyft	Clients supported in the Apple Valley & Mankato locations require 15 minutes of alone time

### Parameter Confirmation and Screening Questions

Confirm you have read and understood our parameters above	
How long can your client be alone without staff present	
Does the client have any history of elopement?	
Does the client have a history of any violent/aggressive behavior? If so, how long has it been since the last incident?	
Does the client have any medical needs?	
Does the client take any medications?	
Does the client require any restroom support?	
Will the client need transportation?	

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6636 Cedar Ave S, Suite 250, Richfield, MN 55423 | 866-454-2732

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This information can be provided in an alternative format upon request.

\*REVISED 1/13/26 RP

## Day and Employment Services Referral Form

### Services available with Lifeworks:

1. **Employment Services:** Employment Services in Minnesota use the Employment First Minnesota (E1MN) framework of Engage, Plan, Find, Keep. This is to show how waiver employment services and support through Vocational Rehabilitation Services (VRS) support clients at different stages of their path to employment.
  - a. **Engage:** This stage helps clients make an informed choice about employment and discuss the pros and cons of competitive employment.
    - i. Also referred to as waiver Employment Exploration
  - b. **Plan:** This stage helps clients discover their interests, strengths, and prepare for a job search.
    - i. Also referred to as waiver Employment Development
  - c. **Find:** This stage helps clients who have established work goals and want to start looking for a job placement. This stage is part of Vocational Rehabilitation Services (see #2 for more information).
  - d. **Keep:** This stage supports clients working in competitive employment to be successful at work. Clients receive job coaching, training to strengthen work skills, and help develop natural work support and coworker relationships.
    - i. Also referred to as waiver Employment Support
2. **Vocational Rehabilitation Services (VRS):** Assist clients with preparing for, finding, and keeping competitive integrated employment. Services may include career counseling, job training, education support, coordinating accommodation, resume and interview preparation, and assistance finding job placement.
3. **Extended Employment:** Assist clients to maintain and advance in meaningful employment within the community. This program is for clients who do not have waiver funding and may need support to remain employed long-term.
4. **Day Support Services:** Clients decide what activities they want to do at our facilities and in our communities. With support from our team, clients can build skills like communication, navigating their community, and building relationships.

## Day and Employment Services Referral Form

### Documentation:

Please attach the following as applicable. These documents are reviewed by our team and team manager to ensure we can support the client. **We will not process the referral until we have the supporting documentation requested below.**

	Support Plan		Psychological Report
	Self-Management Assessment (SMA)		Goals-Outcomes for Employment
	Individualized Education Program (IEP)		One-person Center Profile
	Individual Abuse Prevention Plan (IAPP)		Positive Support Strategy Review (PSSR)
	Copy of Guardianship		Copy of DNR/DNI
	MNChoices Documents		Cover Page



## Day and Employment Services Referral Form

### Client Information:

	New Lifeworks Client	Current Lifeworks Client	Former Lifeworks Client
Today's Date			
First Name			
Middle Name			
Last Name			
Preferred Name if Different			
Pronouns			
Gender			
Address			
Phone Number (required if client is own legal responsibility)			
Email Address (required if client is own legal responsibility)			
Date of Birth			
PMI/State Identification Number			
Guardianship Status			
Ethnicity			
Preferred Language			Would you like an interpreter?
Residential Facility			
County of Residence			
County of Financial Responsibility			
Wavier Type/Funding Source			
Benefits Received			

### Service Information:

Service Requested		
If selected <u>Employment Keep</u> , please provide the employer information	Job Title	
	Hourly wage	
	Average weekly hours worked	
	Start/hire date	
	Name of employer	

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### Guardian:

First Name	
Last Name	
Preferred Name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Preferred Language	
Relationship to Client	
Only contact for emergencies, if yes, you will not be regularly included on communications	

### Emergency Contact:

First Name	
Last Name	
Preferred name	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Preferred Language	
Relationship to Client	
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## Day and Employment Services Referral Form

### Residential Contact:

First Name	
Last Name	
Preferred name	
Name of Facility	
Title at Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Preferred Language	
Relationship to Client	
Only contact for emergencies, if yes, you will not be regularly included on communications	

### Case Manager (required unless you are private pay):

First Name	
Last Name	
Preferred name	
Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
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## Day and Employment Services Referral Form

### VRS Counselor:

First Name	
Last Name	
Preferred name	
Company	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Only contact for emergencies, if yes, you will not be regularly included on communications	

### Additional Contact:

First Name	
Last Name	
Preferred name	
Relationship to Client	
Address	
Phone Number	
Email Address	
Gender	
Pronouns	
Only contact for emergencies, if yes, you will not be regularly included on communications	