

## REFERRAL AND SERVICE NEED EVALUATION FORM

### Explanation of the Service

[Coordinated Career Pathways](#) (CCP) is a service designed for individuals exiting work activity programs or have recently exited work activity programs or other subminimum wage settings, or within two years of exiting secondary education, to explore and achieve inclusive options including but not limited to, competitive Integrated employment (CIE) and post-secondary education. Two services are available through CCP, Career Pathway Navigator and Customized Employment. Services are limited to 18 months but can be extended a maximum of 24 months.

### Career Pathway Navigator

All individuals using this service will first develop a Person-Centered Career Plan (PCCP) with a Career Pathway Navigator (CPN). The plan includes the individuals career goal(s) or interests, strengths, challenges and barriers, regional center and generic services and supports, short term milestones, action steps, and timeline. The CPN will provide direct assistance in the implementation of the plan including, guidance and information, and direct assistance accessing regional center and generic services. Monthly monitoring of progress occurs, allowing for necessary adjustments to be made to the PCCP as required.

The PCCP may include but is not limited to the following activities and services:

- career exploration
- community engagement and integration
- postsecondary education, vocational training
- internships and or other work experiences (volunteering, temporary work, part time paid work)
- supported employment (job preparation, search, placement, coaching)
- customized employment
- technology assistance
- self-employment or microbusiness launch
- benefits education and analysis (SSI, food assistance, housing)
- transportation
- financial empowerment and savings

### Customized Employment Specialist

An individual will work the Customized Employment Specialist (CES) if Customized Employment (CE) services is indicated in their PCCP. CE is an employment service that is designed for any person who wants to work, regardless of the severity of their disability, limited exposure to community and work experience, or support needs. CE is carried out through discovery, job search planning, job development and negotiation, placement support and post-employment support. CE results in CIE through a customized, negotiated job that matches the interests, skills, abilities, and work conditions of the individual to the business needs of an employer.

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

Confidential Consumer Information  
See California Welfare and Institutions  
Code Sections 4514 and 5328

UCI Number: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

**Directions: Step 1:** The service coordinator will complete Section 1, criteria for referral prior to meeting with the Individual Program Plan (IPP) team. **Step 2:** The service coordinator and the IPP team will complete Section 2. **Step 3:** The service coordinator will authorize CCP services and provide the completed referral form to the identified CCP provider.

**Section 1: (Completed by Regional Center Service Coordinator)**

1. Age: \_\_\_\_\_
2. Preferred language: \_\_\_\_\_
3. Communication device or assistive technology used by individual:  
\_\_\_\_\_
4. Technology/Specialized Equipment Used:  
\_\_\_\_\_
5. Residence status: \_\_\_\_\_
6. Any known cultural considerations the CCP provider should be aware of:  
\_\_\_\_\_

**Eligibility**

Any individual, irrespective of their level of disability or adaptive behavior, who expresses an interest in learning or seeking employment is eligible for this service if they meet one of the following referral criteria:

- A. The individual is a student who is enrolled in special education (or has an IEP) and is within 2 years from transitioning from secondary education. This includes students who have chosen to exit secondary education. Yes  No
- B. The individual currently attends or is transitioning from a Work Activity Program (WAP).  
Yes  No
- C. The individual attended a WAP within the last 5 years. Yes  No
- D. The individual is or is transitioning from a non-WAP subminimum wage setting.  
Yes  No

**Note: Individuals can access CCP services outside of their self-determination services.**

## Section 2: (Completed by IPP Team)

### Reason for Referral:

### Career Pathways

Please check the statement from the following options that most accurately characterizes the individual's current position on their career path.

1.  The individual is not sure about a job in the community and needs help to learn more about job options, working in CIE, and earning money.
  2.  The individual wants to work in CIE and needs help to explore job options and opportunities and get a job.
  3.  The individual is already working in a CIE job and needs help to keep, improve, or advance in the job.
  4.  Other (please describe)
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### Work Experience in the Last Five Years

Please check all that apply.

- No work experience
- Work-based learning experience (internship, job shadowing, informational interview, etc.)
- Student Services (Department of Rehabilitation) in school
- WAP paid work, non CIE
- Supported Employment-Group Placement, non CIE
- Supported Employment-Individual Placement, CIE
- Paid work experience, CIE, with job coaching/support
- Paid work experience, CIE, no job coaching/support

### Current Work Status

- currently working
- not currently working, insert year of most recent job or n/a \_\_\_\_\_

Please complete the following if applicable:

Name of current or last employer \_\_\_\_\_

Job title, occupation, or main job duties \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Rate of pay \_\_\_\_\_

# of months/ years employed \_\_\_\_\_

Needs, Issues, or Challenges to Employment

Check all that apply:

- Low expectation/uncertainty about the ability to work in CIE
- Does not have a clear idea of what to do for a job
- Fear of loss of benefits
- Transportation to and from work
- Behaviors that may affect the workplace
- Social and interpersonal skills for the workplace
- Safety
- Independence in the community
- Postsecondary education or training
- Assistance and training to navigate employment systems and other resources
- Preferred method of communication: \_\_\_\_\_
- Medical/health issues that affect work
- Workplace accommodations, services and supports
- Other, please describe: \_\_\_\_\_

**Section 3 (to be completed by Service Coordinator):**

Date of Referral to CCP Provider: \_\_\_\_\_

CCP Provider Name: \_\_\_\_\_

CCP Vendor Number: \_\_\_\_\_

CCP Provider Point of Contact (Staff Name): \_\_\_\_\_

CCP Provider Phone Number: \_\_\_\_\_

Date of Service Authorization Request Approval: \_\_\_\_\_

Date Service Begins: \_\_\_\_\_

The following documents are included with this referral:

- CDER
- IPP
- Most recent regional center report (i.e. Quarterly, Semi-annual or Annual)
- Any pertinent assessments (behavioral, vocational, etc.)
- Person-Centered Career Plan Provider Fact Sheet

**Next Steps:** The service coordinator will send the completed form to the identified CCP provider. The CCP provider will meet with the individual, family, and other supporters designated by the individual to complete a PCCP. Include timeline for returning PCCP to the Service Coordinator.