



Susan Foster, CRC
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 vistavocational@comcast.net

VOCATIONAL SERVICES REFERRAL

TO: SUSAN FOSTER, M.ED., CRC, PHR
 VISTA VOCATIONAL, INC.
 P.O. BOX 25240
 EUGENE, OR 97402

FROM: _____

CONTACT: _____

 CLIENT'S NAME

 STREET ADDRESS

 CITY STATE ZIP CODE

 TELEPHONE NO. DATE OF BIRTH

 OCCUPATION

 TYPE OF INJURY DATE OF INJURY

 WAGE AT INJURY

 CLAIM NO.

 ATTORNEY

 STREET ADDRESS

 CITY STATE ZIP CODE

 TELEPHONE NO.

 EMPLOYER

 STREET ADDRESS

 CITY STATE ZIP CODE

 CONTACT PERSON TELEPHONE NO.

 TREATING PHYSICIAN

 STREET ADDRESS

 CITY STATE ZIP CODE

 TELEPHONE NO.

THE FOLLOWING DOCUMENTS ARE ENCLOSED:

- WAGE STATEMENT
- MEDICAL INFORMATION
- PHYSICAL CAPACITIES EVALUATION
- JOB DESCRIPTION(S) OR JOB ANALYSIS
- PRIOR VOCATIONAL REPORTS

THE FOLLOWING SERVICES ARE AUTHORIZED:

- INITIAL INTERVIEW AND RECOMMENDATIONS ONLY
- ELIGIBILITY EVALUATION
- VOCATIONAL ASSESSMENT AND PLAN DEVELOPMENT
- JOB SEARCH SKILLS
- DIRECT JOB PLACEMENT
- JOB ANALYSIS
- TESTING ONLY
- WORK SAMPLE EVALUATION
- LABOR MARKET SURVEY
- TRAINING PLAN DEVELOPMENT
- _____
- _____

1. PLEASE SUBMIT ORIGINAL AND _____ COPIES OF ALL REPORTS AND BILL TO:

2. OTHER PERTINENT INFORMATION:

SPECIAL INSTRUCTIONS: