

# ATP/VR REFERRAL FORM

1/2024

☒ Forms will be returned if all the information is not completed.

ATP/VR Referral Form on VRIS is fillable, do not submit handwritten information.

• Email ATP/VR Referral Form as an attachment to [atp.vrforms@nebraska.gov](mailto:atp.vrforms@nebraska.gov)

**CPAP  
Pre-ETS**

Date	Male Female Did not Identify	Home Phone
Name		Cell E-mail
Address		Date of birth
City/State/Zip		Age
County		Contact (if other than client)
Disability		Name Email Phone
		Employment start date
<b>*Required   *IPE   Yes   No   *High School Student   Yes   No</b>		School start date
What is the barrier to employment or training?		<b>Pre-ETS</b> High School Address City/Zip School Contact Phone Email
Service and Device Application completed/given to client <small>*Service and Device application is required for all projects in order to obtain comparable benefits</small>		

<b>• The following information is required in order to identify comparable benefits or supplemental funding.</b>		
<b>Income</b> VR Shared Cost \$ SSI Monthly Amount \$ SSDI Monthly Amount \$ Wages Monthly Amount \$ Other Monthly Income Amount \$ No Income	<b>Insurance</b> Medicare Medicaid Private Insurance No Insurance	<b>Residential Status</b> Renter Homeowner Other <i>Please explain</i>

Referred by	Office Associate
Office	Phone
Phone	E-mail
E-mail	

**Complete this section ONLY for priority cases requiring immediate action. 1, 2 AND 3 MUST BE COMPLETED.**

1. Check all that apply: High risk of losing job      High risk of failing classes  
       Other \_\_\_\_\_

2. EXPLANATION OF #1 ABOVE REQUIRED: \_\_\_\_\_

3. APPROVED BY VR OFFICE DIRECTOR: \_\_\_\_\_