



The San Diego Community College District - Disability Support Programs
and Services 3375 Camino Del Rio South #275, San Diego, CA 92108
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REFERRAL TO WORKABILITY III – San Diego Community College District

*** UNDER SPECIAL PROGRAMS PLEASE CODE WA III AS THE PRIMARY CONTRACT FUND SOURCE ***

CLIENT'S NAME:

ADDRESS:

CITY:

ZIP:

PHONE:

DATE OF BIRTH:

GEN:

EMAIL:

DISABILITY/DISABILITIES:

IS Client CURRENTLY A STUDENT OR A RECENT
GRADUATE of the San Diego Community College District?

☐ YES ☐ NO

CAMPUS:

BEFORE INITIAL APPOINTMENT IS SCHEDULED, ALL **REQUIRED** DOCUMENTS MUST BE SUBMITTED:

REQUIRED DOCUMENTS:

☐ **IPE**

☐ **CLIENT CASE NOTES (INTAKE INTERVIEW
AND AUTHORIZING CASE NOTE)**

☐ **DR 260– CONSENT TO RELEASE/OBTAIN INFO.**

☐ **MEDICAL DOCUMENTATION and/or HEALTH QUESTIONNAIRE / Expedited Eligibility**

OPTIONAL DOCUMENTS:

☐ VOCATIONAL EVALUATION

☐ BACKGROUND CHECK/CRIMINAL HISTORY

IS CONSUMER CURRENTLY RECEIVING EMPLOYMENT SERVICES FROM ANY OTHER AGENCY? ☐ YES ☐ NO

Qualified Rehabilitation Professional:

DATE:

To be signed below by client:

SDCCD Release of Information

I authorize the Department of Rehabilitation to release the documents identified on this form to designated WorkAbility III Staff. I understand that this information is confidential and will be used only for the purpose of providing employment preparation, job placement and retention services. Vocational and academic progress reports may also be shared from WorkAbility III to the Department of Rehabilitation. This consent applies until the plan completion date or until I specifically withdraw my consent.

Client/Student Signature _____

Date _____