



REES

REACHING E-QUALITY EMPLOYMENT SERVICES

Promoting Employment of People with Physical Disabilities or Health Conditions

Please print out this form **and CONSENT Form** (fill out send as noted below)

Referral Form To Reaching E-quality Employment Services	Today's Date:	Referring Organization Name: (if applicable)
		Referring Contact phone #:
		Referring Organization Fax #:
		Referring Contact Email:
		Disability or Health Condition(s)/Accommodations (if declared)
Participant Contact phone #:		Alternate Contact Name: (if applicable)
Cell #		
		Intake Date: (Office use only)
		Consent to release information completed on: Date: _____ Your Initials: _____

Once completed, please forward **both** Referral and Consent forms to:
Scanned and emailed (preferred): jtaylor@re-es.org

Or Fax to: **204-947-2932**

If you require information, clarifications or updates regarding this file, please contact Program Manager, Tammy Dahl at- [30email: jtaylor@re-es.org](mailto:jtaylor@re-es.org) phone: **204-832-7337 ext. 230**