

KindQuest Supports LLC

OVR Referral Intake Form

Section 1 – Referral Source Information

Referring Agency (OVR / Other): _____

Counselor Name: _____

Phone Number: _____

Email Address: _____

Date of Referral: _____

Section 2 – Participant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Section 3 – OVR Case Information

OVR Case Status: Active Pending Unknown

Service Authorization Received: Yes No

Authorized Services:

- 1 Job Readiness Support
- 2 Career Exploration
- 3 Community-Based Employment Support
- 4 Job Coaching (Post-Placement)

Section 4 – Employment Profile

Employment Goal: _____

Current Employment Status: _____

Skills and Interests: _____

Barriers to Employment:

- 1 Transportation
- 2 Communication
- 3 Behavioral
- 4 Other

Section 5 – Support Needs

Level of Support Required: ■ Minimal ■ Moderate ■ High

Preferred Schedule: _____

Transportation Needs: _____

Section 6 – Additional Notes

Special Instructions: _____

Safety Considerations: _____

Section 7 – Authorization

Participant/Guardian Signature: _____

Date: _____

KindQuest Supports LLC | 717-574-7927 | info@thekindquest.com | www.thekindquest.com
Services can begin within 24–72 hours of authorization.