**EMPLOYMENT SUPPORTS REFERRAL FORM**

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| **Referral Agency Information** |
| **Agency:** |
| **Referral Contact Name:** |
| **Referral Contact Number:** |
| **Referral Contact Email:** |

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| **Client Information:** |
| **Client Name:** |
| **Client Phone Number:** |
| **Client Email:** |
| **Client Birthdate:** |
| **Main Source of Income:** |
| **Reason for Referral:** |

**I consent to disclosure of information to the Learning Disabilities Association of Windsor – Essex County regarding employment supports. I understand the above information is being shared to assist in my job development.**

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**Client Signature Date**

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**Witness Signature Date**