

Adult/Adolescent Vocational Autism Initiative of Lehigh (AVAIL) Referral Form

PARTICIPANT INFORMATION

Young Adult's Name	Date
Date of Birth	Age
Social Security Number	
Street Address	
Apartment/Unit	
City	
State	
Zip	
Contact Number	
Household Members	
Is this person currently enrolled in High School?	<input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, graduation year:

GUARDIAN CONTACT INFORMATION

Primary Contact Number	
Secondary Contact Number	

CLINICAL INFORMATION

Diagnoses	

EMPLOYMENT/VOCATIONAL INFORMATION

Currently Employed	<input type="checkbox"/> No	<input type="checkbox"/> Yes- If yes, where: Approximate hours/week:
Currently Receiving Vocational Services	<input type="checkbox"/> No	<input type="checkbox"/> Yes- If yes, from whom:
Support Currently Needed to Maintain Employment	<input type="checkbox"/> No	<input type="checkbox"/> Yes

REFERRAL INFORMATION

Name of Referring Person	
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Title/ School	
District/Agency	
Phone Number	
Email Address	

SERVICES REQUESTED (CHECK ALL THAT APPLY)

<input type="checkbox"/>	Career Planning: Career planning is a service that provides support to the participant to identify a career direction; develop a plan for post-secondary education and/or plan for achieving job placement in competitive, integrated employment at or above the minimum wage.
<input type="checkbox"/>	Job Finding: Job Finding is a service that provides assistance to the participant in developing job skills and securing competitive, integrated employment that fits the participant’s needs and preferences as well as the employer’s needs. Job support consists of assistance with learning job tasks, periodic follow-up and ongoing support with individuals and their employers.
<input type="checkbox"/>	In-home and Community Support: Home and community-based services are provided to individuals who need assistance in the acquisition, retention, or improvement of skills related to living and working in the community.

REVIEW OF ELIGIBILITY REQUIREMENTS

- Must be 14-25 years of age at time of enrollment
- Be an individual identified as having Autism
 - Special Education identification and documentation as a student with Autism and/or medical diagnosis of Autism Spectrum Disorder
- Must reside in Lehigh County during application and while receiving services
- Must be willing to provide follow up data after 6 months of exiting the program
- Capacity to perform activities of daily living (i.e. bathing, eating, using the toilet)
- Not exhibit levels of extremely problematic behaviors that present a danger to self, others or threat to property or require direct supervision to ensure health and safety

In order to receive the maximum benefit of services, the following criteria must be met:

- Flexible schedule to accommodate up to six hours of services a week
- Active parental/family engagement
- Collaboration with IEP team when applicable
- Minimum four month commitment of individual and parent
- Current/future goals to obtain/maintain competitive employment and/or post-secondary education
- Not currently enrolled in a program which would result in a duplication of services

Participant meets eligibility requirements	<input type="checkbox"/> Yes	<input type="checkbox"/> No- If no, please specify in the space provided below. Information provided will be taken into account when determining enrollment.
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Please provide additional background information, as well as future aspirations of the young adult.

Please complete electronically and email to Avail@keystonehumanservices.org. Contact AVAIL at **610-841-1949** for questions.