**INITIAL CONTACT REPORT**

TEMPLATE INSTRUCTIONS

1. Type over instructions in each section.
2. Copy and paste entire document (except these instructions) into CASE-e.
3. Print CASE- e document.
4. Close template, but DON'T save changes.

REASON FOR REFERRAL

(Enter text here.)

REPORTED DISABILITY

(Enter text here.)

REPORTED IMPEDIMENT TO EMPLOYMENT

(Enter text here.)

WORK HISTORY

(Enter text here.)

EDUCATION HISTORY

(Enter text here.)

SUPPORT SYSTEM

(Enter text here.)

EXPRESSED INTERESTS, ABILITIES, PREFERENCES

(Enter text here.)

COUNSELOR OBSERVATIONS & PLAN OF ACTION

(Enter text here.)

The services and procedures of Vocational Rehabilitation were explained. The client was informed, both verbally and in writing, of his/her rights, responsibilities and remedies, including the HIPAA Privacy Policy and the Client Assistance Program.

(Enter text here.)

Rehabilitation Counselor