



WorkAbility IV Program
Student Ability Success Center - SASC
 Division of Student Affairs and Campus Diversity
 5500 Campanile Drive
 San Diego, CA 92182-4740
 Tel: 619-594-6473
 Fax: 619-594-4315

SDSU WorkAbility IV Program Referral Form

Name: _____ Contact Phone: _____ Text ok? Yes No

Address: _____ City: _____ Zip: _____

Student Red ID: _____ E-Mail Address: _____

Disability: _____

Major and/or Minor: _____ GPA _____

Class Level: Freshman Sophomore Junior Senior Graduate Student Alumni

Specific Career Goal (what job would you like to do?): _____

(Ex: "Social Worker" instead of "counsel people")

Consent to Release Information

"I _____, have applied for the WorkAbility IV Program at San Diego State University (SDSU). I authorize the release of medical, work history, IPE, progress and employment information to/from the WorkAbility IV staff. I understand that the staff members will be representatives from Career Services, Student Ability Success Center and the Department of Rehabilitation. I also understand that the documents will be treated as confidential by the WorkAbility IV Project employees."

Referral and Release valid until case closure.

Signature: _____ Date: _____

Referring Counselor

(Circle one)

WAIV/DOR/SASC Counselor: _____ Phone: _____

Service Requested/Comments: _____

Signature: _____ Date: _____

CA Department of Rehabilitation

DOR counselor _____ Phone: _____

Note to DOR: Submission of the following documents are required with this signed referral.

- _____ Copy of Signed IPE
- _____ Copy of Consent to Release and Obtain Information (DR 260)
- _____ Copy of Employment Record (DR 222B) (if not EE)
- _____ Copy of Health Questionnaire (DR 218) (if not EE)
- _____ Copy of Application for Vocational Rehabilitation Services (DR222)
- _____ Authorizing Case Note
- _____ Copy of Intake Case Notes

_____ Expedited Enrollment?

**Please confirm consumer has been coded to SDSU's WAIV program by sending an email to:
ShannonW@sdsu.edu