ALLIANCE HEALTHCARE SERVICES
IPS SUPPORTED EMPLOYMENT PROGRAM REFERRAL

Referrals should be completed <u>with</u> the client, by any Outpatient staff. New referrals are placed on the program waitlist upon receipt; once it is active, the client will be outreached within 5 business days by their assigned Employment Specialist.

What IPS ls:	What IPS Isn't:
• Model of supported employment assisting individuals living with behavioral health conditions to work at regular jobs of their choosing • Meeting the consumer where they are • Rapid job search • Zero exclusion	• Rapid job placement • A traditional job readiness • program • Case management

Name:	**Referral Date:**	
Client ID #:	**Date of Birth:**	**Age:**
Address:	**Phone:**	
Diagnosis:		
Clinic Location:	**Primary TX Team:**	
Referring Party:	**Assigned Providers:**	

Please list <u>ALL</u> benefits client is receiving: *(e.g. SSI, SSDI, Medicaid, Medicare, SNAP, Housing assistance, BHSN etc.)*

What is the person saying about work? Why does he/she want to work now? What type of job?

What are some of his/her strengths? (experience, training, supports)

Please include some information about the person's illness or history (insight, triggers, symptoms, criminal history, etc.) and how it might affect work.

Return completed referral to the IPS program- IPS@alliance-hs.org

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TN Department of Mental Health & Substance Abuse Services