**Functional Industries, Inc.  
IPS Supported Employment Program Referral Form**

**Send Referral to Krissy Eich at** [**keich@functionalindustries.org**](mailto:keich@functionalindustries.org) **or fax to 763-682-9692**

**Questions call Krissy at 763-350-6186**

**Person Referred:**

Address:       City:       State:       Zip:

Cell Phone:       Home Phone:

Date of Birth:

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**Does the Person Referred have in their possession a valid photo ID and original Social Security card or birth certificate?**  Yes  No

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**Does the Person Referred have a Legal Guardian?**  Yes (complete information below)  No

Guardian Name:

Address:       City:       State:       Zip:

Cell Phone:       Home Phone:

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**Grant Eligibility**

*“In my professional opinion the person referred above has a serious and persistent mental illness”*  Yes  No

Following Documentation is Required as part of Eligibility:

Release of Information (ROI) for Functional Industries

Diagnostic Assessment or Psychiatric Evaluation

ICSP (county referrals only)

Functional Assessment (if available)

Treatment Plan (if available)

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**Referred By:**

Professional Name:

Agency:

Cell Phone:       Email:

*updated 11.2022*