



providing innovative services  
for survivors of brain injury

### Employee Development Services Referral Form

Date of Referral: \_\_\_\_\_  
Customer's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Injury: \_\_\_\_\_  
Cause of Injury: \_\_\_\_\_  
DRS Counselor: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
DRS Office: \_\_\_\_\_  
Vocational Goal: \_\_\_\_\_  
Does applicant have a reliable means of transportation to the program?    ↑Yes    ↑No  
Explain: \_\_\_\_\_

Comments:

Please fax or email to:

**The Mill House**

Joe Craig, Program Coordinator  
[joe@communityfuturesva.org](mailto:joe@communityfuturesva.org)  
(804)261-7059

**OR**

**The Denbigh House**

Claire Yarbrough, Program Coordinator  
[claire@communityfuturesva.org](mailto:claire@communityfuturesva.org)  
(757) 833-7845

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THE MILL HOUSE ◦ THE DENBIGH HOUSE ◦ CASE MANAGEMENT SERVICES  
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