



JOB SEEKER INFORMATION		
<b>Last Name:</b> _____ <b>First Name:</b> _____		
<b>Date of Birth:</b> _____		
<b>Address:</b>		
_____		_____
<i>Street Address</i>		<i>Apartment/Unit #</i>
_____		
_____	_____	_____
<i>City</i>	<i>Province</i>	<i>Postal Code</i>
<b>Phone:</b> _____ <b>Email:</b> _____		

PARENT/GAURDIAN INFORMATION	
<b>Last Name:</b> _____ <b>First Name:</b> _____	
<b>Phone:</b> _____ <b>Email:</b> _____	
<b>Relationship to Job Seeker:</b> _____	

**REFERRAL CRITERIA**

**Disability or Diagnosis (check all that apply):**

Intellectual Disability  Autism Spectrum Disorder

**Have any assessments been completed?**

No  Yes  (if yes, please attach)

**The following criteria must be provided to Avalon Employment prior to the initial intake:**

- Must be 18 years or older; and,
- Copy of SIN, MCP, and/or Birth Certificate.

**Verification of Diagnosis:**

- Written documentation from a registered professional (i.e., physician or registered psychologist) that verifies a primary diagnosis of Autism Spectrum Disorder or Intellectual Disability.

**REFERRED BY**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Self**  **School**  **Doctor**  **Other**

\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DATE OF REFERRAL**

**(YYYY/MM/DD):** \_\_\_\_\_

**Submit your referral to us via email or fax:**

Email: [services@avalonemploy.com](mailto:services@avalonemploy.com) | Phone: 1 (709) 579-4866 | Fax: 1 (709) 579-4892