



REFERRAL FOR PROGRESSIVE WORKSHOP OF ARMSTRONG COUNTY

In order to be referred for placement with PWAC, the client must:

1. Have an open case with a service coordination unit

OR

2. Be referred by OVR (Office of Vocational Rehabilitation)

Once the referral form is complete please fax the referral form and any supporting documentation to:

PWAC attention Program Department
724-545-2088 (fax)

Referral form can also be emailed to:

info@progressiveworkshop.com or kimsavoie@progressiveworkshop.com



**REFERRAL FOR
PROGRESSIVE WORKSHOP OF ARMSTRONG COUNTY**

Service Desired: (circle one)

- **Transitional Employment**
- **Pre-Vocational Employment**
- **Supported Employment**

Demographics

Name: _____

Birth Date: _____

Address:

Place of Birth: _____

Phone Number: _____

Social Security Number: _____

Sex: (circle one) **Male** or **Female**

Mother: _____

Address: _____

Phone Number: _____

Father: _____

Address: _____

Phone Number: _____

Guardian: _____

Address: _____

Phone Number: _____

Emergency Contact: _____

Address: _____

Phone Number: _____



Doctor: _____

Address: _____

Phone Number: _____

Medical Insurance: _____

Medical Issues that PWAC should be aware of:

Service Coordination Unit:

Service Coordinator:

Service Coordinator contact information:

Reason for referral and any additional information that PWAC may need to process this referral:

Transportation needed to PWAC? Yes No (circle one)

Which days would referred client like to attend? (Circle all requested days)

Monday Tuesday Wednesday Thursday Friday

THANKS!!