

ATTACHMENT B – SAMPLE CONTRACT REFERRAL FORM

VR&E CONTRACT REFERRAL FORM					
1. LAST - FIRST - MIDDLE NAME OF VETERAN «FullName»		2a. Referral Number		2b. TASK ORDER NUMBER	
3. NAME OF CONTRACTOR		4. CONTRACT NUMBER		5. FISCAL YEAR	
6. ADDITIONAL IDENTIFYING DATA: SSN: «SSN» (Last 4 Digits only) DATE OF BIRTH: «DOB» VETERAN'S ETD: «ETD» OIF/OEF _____ ADDRESS: «MailingAddress» HOME PHONE: «HomePhone» WORK PHONE: «WorkPhone» EMAIL ADDRESS: <<email>> DISABILITY RATING: «CombDegree»% Chapter: ___ 31 or: ___18 ___30 ___32 ___33 ___35 ___36 PRIMARY DISABILITY DESCRIPTION: «DisabilitiesDesc» DOT CODE & DOT JOB TITLE: «RehabDOTCode» «RehabDOTTitle» SERIOUS EMPLOYMENT HANDICAP: Yes _____ No _____ PERIOD OF PERFORMANCE: _____ DUE DATE: _____					
7. SERVICES REQUIRED					
CLIN	BOC	TYPE OF SERVICE REQUIRED	Total Cost/ Flat Rate	«CaseMgr Name»	Authorized By
		Service Group E – Discrete Services (Ch 18 or 31)	Total Cost		
	4147				
	4147				
	4147				
		Service Group E – Discrete Services (Ch 18 or 31)	Cost Per Hour		
	4147				
	4147				
This allows you to provide this person with the services in Item 7. As shown in the contract, VA needs these services to process a claim for vocational rehabilitation, education and training, or for vocational and educational counseling. This individual must report for counseling for you to claim payment for providing these services. VA referrals are limited to the number of persons for which VA has obligated funds. At any time before you begin to deliver services to this counselee, VA may stop this authorization by written notice if payment would exceed the legal limits for contract counseling. VA cannot pay for services you begin to provide after you receive written notice.					
8. ALLOTMENT ACCOUNT SYMBOL			9. TITLE 38, U.S. CODE (Check applicable box) <input type="checkbox"/> CH 31 <input type="checkbox"/> CH 18 <input type="checkbox"/> CH 30, 32, 36, 106, 107 <input type="checkbox"/> CHAPTER 35		
10. OBLIGATION AMOUNT \$		11. DATE «CurrentDate»	12. SIGNATURE AND TITLE OF REFERRING VRC		
Regional Office		Submit Report to:	Period of Performance: _____ to _____		