

ESRD NETWORK 6 – Vocational Rehab INTEREST FORM

Facility Name: _____



Please choose one of the following:

- Yes**, I am interested in retaining my current job at _____
- Yes**, I am interest in returning to work and I DO NOT need resources
- Yes**, I am interested in returning to work and I DO NEED resources
 - Choose all resources that you need:
 - Start a referral process to Vocational Rehab Agency
 - Information about Vocational Rehabilitation Agencies
 - Ticket to Work
 - Kidney Works (AAKP)
 - JumpStart (Georgia Resource Only)*
 - Online patient education resources
 - Dis-Ability Pamphlet from the ESRD Network
 - Other: _____



- No**, I am not interested in returning to work or retaining my current job at this time. *If I change my mind at any time, I will discuss with my Social Worker.*
The reason I'm not interested at this time is: _____
 - Choose one:
 - I do not need any further assistance
 - I need assistance applying for Disability Benefits (SSDI)

_____, _____
Patient Signature, Date

_____, _____
Physician Signature, Date

_____, _____
Social Worker or Nurse Signature, Date

Date of Referral: _____

Referred to: _____