

Name:			SS#:		
(Last) (First) (MI)			Date of Birth:		
Phone #:		E-Mail:		Month	Day Year
Address:				Target Group:	
Occupational Code: _____				Aids Used:	
Ultimate Employment Goal:				_____ GATB	Professional Test
				_____ ICL	_____ A
				_____ INV	_____ B
				_____ GOE	_____ D
				_____ Other:	
(Use check marks)					
Employment Situation:					
Employment Plan:					
Date:	Activity/Service Provided				

CUSTOMER COUNSELING RECORD CARD

Revised Form ORI (11/00)

An equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers on this document may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.