



WorkBC Referral Form for Assistive Technology

WorkBC Employment Services Centre Information

ESC Agency Name:	Name of ESC Referring Case Manager:
Address:	Telephone:
City/Town:	Fax:
Postal Code:	Email:

Client Information

EPBC Reference Number:

Service Context

The client is currently in:

- Job training phase
- Job search phase
- Employment phase

Service Requested

- Comprehensive assessment
- Training or Technical Support

Estimated number of authorized hours: _____

*Please note: Service fees do not include travel expenses.

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Brief Description of Referral Details

Invoicing Information

The Invoice will be sent upon completion of the assistive technology *Assessment and Recommendations Report*.

Send Invoice to:

- ESC Referring Case Manager
- Other (provide details):

Fax completed referral forms to ATBC: (604) 263-2267

or

Submit by Email to info@at-bc using the button at the top of page 1