

Southern Oregon

member of

Employee Assistance

Professional Association

Employee Assistance Program, Inc.

P.O. Box 215, North Bend, OR 97459 ♦ Tel (541)269-5077 ♦ Fax (541)267-5071

MANDATORY REFERRAL

ID-SOEAP-03

EMPLOYER:

Name of Referring Supervisor or Manager: _____

Address: _____

Supervisor's Signature: _____

Fax #: _____

Telephone #: _____

EMPLOYEE

Name: _____

Home Telephone #: _____

Address: _____

Work Telephone #: _____

REASON FOR REFERRAL /GOALS OF REFERRAL /MANAGER'S CONCERNS

SOEAP Office Use Only

COUNSELOR

Name: _____

Telephone #: _____

Address: _____

Fax #: _____