

Referral for Services

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: _____ Middle/ Maiden Name: _____
Last Name: _____ Preferred Name: _____
Home Address: _____ City, State, Zip, County: _____
Home Phone: (____) _____ Cell Phone (____) _____
Primary E-Mail: _____ Secondary E-Mail: _____
Gender Identity: Male Female Do not wish to disclose
Date of Birth: _____ Age: _____

Do you have a specific low vision impairment that presents difficulty for you in preparing for, obtaining, or maintaining employment? Or are you considered legally blind?

No Yes
Do you require an interpreter? No Yes Language: _____
Preferred Method of Communication: E-mail Phone Video Relay Letter
Permission to Send Text Messages: No Yes

Do you have a legal guardian? No Yes Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____

B. Referral Source:

Who referred you to IVRS? _____ Phone Number: (____) _____
Address: _____ City, State, Zip: _____
E-Mail: _____
What is the reason they suggested you apply for services? _____

IVRS USE ONLY:

Referral Notes:

Date Stamp Received:

IVRS USE ONLY

If low vision question is checked “yes” send referral to IDB and notify the individual. If the individual does not want to be referred to IDB, notify him/her that IVRS does not serve this population.

Source of Referral at Application

- 14(c) Certificate Holders
- Adult Education and Literacy Programs
- American Indian VR Services Program
- Centers for Independent Living
- Child Protective Services
- Community Rehabilitation Programs
- Consumer Organizations or Advocacy Groups
- DOL Employment and Training Service Programs for Adults, Dislocated Workers, and Youth)
- Educational Institutions (Elementary/Secondary)
- Educational Institutions (Postsecondary)
- Employers
- Extended Employment Providers
- Faith Based Organizations
- Family/Friends
- Intellectual and Developmental Disabilities Providers
- Managed Care Organizations (MCOs)
- Medical Health Provider (Public or Private)
- Mental Health Provider (Public or Private)
- Public Housing Authority
- Self-referral
- Social Security Administration (Disability Determination Service or District office)
- State Department of Correction/Juvenile Justice
- Temporary Assistance for Needy Families (TANF)
- Veteran's Benefits Administration (including VA Vocational Rehabilitation)
- Veteran's Health Administration (the VA hospital system, as well as the VA transitional living, transitional employment, and compensated work therapy programs)
- Wagner-Peyser Employment Service Program
- Welfare Agency (State or local government)
- Worker's Compensation
- Other One-stop Partner
- Other Sources
- Other State Agencies
- Other VR State Agencies
- Other WIOA-funded Programs including Job Corps, YouthBuild, Indian and Native Americans, and Migrant and Seasonal Farmworker Programs