



**PURPOSE**

To gather information necessary to initiate an assessment for determining eligibility and priority for services. Used for referral to any DSB program in the agency except those programs that have a special referral process in place (example: Rehabilitation Center, Evaluation Unit, Low Vision).

**PREPARED BY**

Division of Services for the Blind (DSB) Employee

**INSTRUCTIONS**

- 1. To:** Enter the Program the individual is being referred.
- 2. Date:** Enter a two-digit month, two-digit day and four-digit year.
- 3. Reason for Referral:** Describe reasons the individual is being referred to the indicated program.
- 4. Name:** Enter individual's name (first name, middle initial and last name).
- 5. Address:** Enter the individual's most current street address, city and five-digit zip code.
- 6. County:** Enter the individual's current county of residence.
- 7. Phone #:** Enter the individual's home and work phone numbers with the area code and seven-digit number.
- 8. Date of Birth:** Enter a two-digit month, two-digit day and four-digit year for the date the individual was born. (Example: July 17, 1960 would be entered as 07/17/1960).
- 9. Male Female:** Place an X in the appropriate block to identify if the individual is male or female.
- 10. Major Disability:** Enter the individual's primary physical impairment that causes or results in a substantial impediment to the individual's personal independent functioning.
- 11. Secondary Disability:** Enter the individual's secondary impairment that causes or results in a substantial impediment to the individual's personal independent functioning.
- 12. Status:** Enter the Status Code Number identifying where the individual is in the referring program Process.
- 13. Severely Disabled:** Place an X in the appropriate block to indicate if the individual is severely disabled.
- 14. Directions to Home:** Enter clear driving directions from the District Office.



## REFERRAL FORM

**15. Economic Need:** Place an X in the appropriate block to indicate if the individual is economic needs.

**16. Highest Grade Completed:** Enter the two-digit number to indicate the highest grade the individual completed (example: if 7<sup>th</sup> grade enter 07, if Bachelors Degree enter 16).

**17. Rehabilitation Services to Date:** List services the individual has received or is receiving from all sources.

**18. Work History:**

Employer: Enter the employer name that the individual worked or is working.

Dates Employed: Enter the two-digit month; two-digit day and four-digit year the individual entered each employment. Enter the two-digit month, two-digit day and four-digit year the individual left each employment.

Type of Work: Enter the title of the position held by the individual in each position.

Wages: Enter the rate of pay by hour, week or month.

Reason for Leaving: Enter the reason for termination for each position.

**19. Employment/ILR Goal:** Enter the individual employment or ILR rehabilitation goal.

The Rehabilitation/ ILR Counselor signs and dates the form.

Attach the Rehabilitation Application and Eye Report to this form.

### DISTRIBUTION

Original:      Referred Program

Copy:          Case Record