



### 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.



**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