



**REFERRAL FORM**

1. TO \_\_\_\_\_ 2. DATE \_\_\_\_\_

3. REASON FOR REFERRAL \_\_\_\_\_

4. NAME \_\_\_\_\_

5. ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

6. COUNTY \_\_\_\_\_ 7. PHONE # \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ 9. MALE  FEMALE

10. MAJOR DISABILITY \_\_\_\_\_

11. SECONDARY DISABILITY \_\_\_\_\_

12. STATUS \_\_\_\_\_ 13. SEVERELY DISABLED Yes  No

14. DIRECTIONS TO HOME \_\_\_\_\_

15. ECONOMIC NEED Yes  No  16. HIGHEST GRADE COMPLETED \_\_\_\_\_

17. REHABILITATION SERVICES TO DATE \_\_\_\_\_

18. WORK HISTORY: EMPLOYER \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_

WAGES \_\_\_\_\_ REASON FOR LEAVING \_\_\_\_\_

19. EMPLOYMENT/ILR GOAL \_\_\_\_\_

COUNSELOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATTACHMENTS: APPLICATION  
 EYE REPORT