

Nathan Deal
Governor



Sean T. Casey
Executive Director

Georgia Vocational Rehabilitation Agency

Referral Form

Date: _____

Name: _____ Social Security Number: _____

Street Address: _____

Mailing Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____ DOB: _____ Sex: _____

County: _____ Alternate/Emergency Contact: _____

Contact Number: _____ Relationship of Contact: _____

(Circle all that apply) Race/Ethnicity: White / Black or African American / Hispanic or Latino /
Asian / Native Hawaiian or Pacific Islander / American Indian or Alaska Native

Currently Attending High School? Yes or No If yes, highest grade completed: _____

If yes, where? _____ Are you under an IEP or 504? _____

What is Your Disability (ies): _____

Accommodations needed: _____

Referral Source: _____

Referral Source Contact Information: _____

I am interested in services to assist:

(Check all that apply)

- ____ with preparing for and/or finding a job.
- ____ with maintaining a job.
- ____ with transitioning from school to work.
- ____ with performing independent living skills.
- ____ with hearing.

Travel Information (Choose all that apply):

- | | |
|---------------------------|--------------------|
| ____ Alone? | ____ w/Dog Guide? |
| ____ w/Sighted Guide? | ____ At Night? |
| ____ w/Cane? | ____ During Day? |
| ____ On Public Transit? | ____ w/Wheelchair? |
| ____ w/Assistive Devices? | ____ w/White Cane |
| ____ Other? _____ | |

Do you want a job now? Yes or No

What do you expect from the agency? _____

Have you received services from another agency? Yes or No

If yes, services received: _____

Did previous services result in going to work? Yes or No

Have you applied or are you currently receiving services from another agency? Yes or No

If yes, describe services: _____

Agency contact info: _____