



## REFERRAL FOR ASSISTIVE TECHNOLOGY SERVICES INSTRUCTIONS

### PURPOSE

Referrals are made from the North Carolina Division of Services for the Blind (DSB) Vocational Rehabilitation (VR) Program and from the DSB Independent Living Rehabilitation (ILR) Program to the Assistive Technology (AT) Consultants, the Rehabilitation Engineer, and the Assistive Technology Teacher located in the District Offices.

### PREPARED BY

Vocational Rehabilitation/Independent Living Rehabilitation Counselor

### INSTRUCTIONS

**Referral to:** Enter the name of the AT staff person to receive the referral.

**Date:** Enter the two-digit month, two-digit day and four-digit year.

**Referring Counselor:** Enter the name of the Rehabilitation/ILR Counselor making the referral.

**Office Location:** Enter the District Office location.

**Name:** Enter the individual's name (first, middle initial and last name). All referrals must be applicants, active cases, or post-employment cases.

**Phone:** Enter the individual's home and work phone numbers with the area code and seven-digit number.

**Address:** Enter the individual's most current street address, city and five-digit zip code.

**E-mail:** Enter the individual's full e-mail address.

**Technology Services Needed for:** Place an X in the appropriate block to identify the technology services needed by the individual.

**Service Requested:** Place an X in the appropriate block to identify the specific service requested are identified. More than one reason may be identified.

**Technology will be located:** Place an X in the appropriate block to identify the location of the technology: Individual's home, location of training or on the job.

If equipment will be at location of training, enter the most current street address, city and five-digit zip code. Enter the two-digit month, two-digit day and four-digit year for date training begins.

If equipment will be located on the job, enter the most current street address, city and five-digit zip code. Enter the two-digit month, two-digit day and four-digit year for the date of employment.



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**Individual:** Place an X in the appropriate block to indicate information about the individual's adaptive skills. Copies of any available assessments should be attached.

**Reason for Referral:** Indicate the specific reason for referral.

**Individual currently owns/has access to the following equipment (include approximate age):**  
Indicate the specific equipment currently owned and used by the individual. Indicate the year the equipment was purchased or an approximate age.

**Previous AT Assessments/Training:** Indicate any previous specific assessment and/or training.

**Please attach:** Copies of the most current information listed on the form.

Vocational Rehabilitation/ILR Counselor signs the form.

Vocational Rehabilitation/ILR Counselor enter e-mail address.

### DISTRIBUTION

Original: AT Staff Person

Copy: Case Record