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| **NC Division of Vocational Rehabilitation Services** |  | **NC Division of** **Services for the Blind** |

**INFORMATION AND REFERRAL SERVICES REPORT FOR:**

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| Name       Client ID       |

 **STATE: North Carolina CITY/TOWN:**

 **COUNTY:**

**The following programs or resources are recommended for you to consider as you explore and pursue competitive employment in an integrated setting:**

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| **Resource** | **Type** | **Contact Information:** | **Date Referred** |
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**INFO PROVIDED BY:**

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**ORGANIZATION:**

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**SIGNATURE:**

dsb-4008sub-VR-IR A copy is to be retained by Agency Date Report Provided to Recipient:

New 9/2016 Method:

Initial: