REFERRAL FOR SERVICES FOR THE BLIND AND VISUALLY IMPAIRED

State Form 46206 (R / 11-02) / BVIS 0002

INDICATE SERVICE(S) REQUESTED:

☐ **BOSMA REHABILITATION CENTER**

ITINERANT REHABILITATION TEACHING

- ☐ **PERSONAL ADJUSTMENT INTERVIEW**
- ☐ **PERSONAL ADJUSTMENT TRAINING**
- ☐ **LIGHTING ASSESSMENT**
- ☐ **LOW VISION FOLLOW-UP**
- ☐ **FACILITY TRAINING FOLLOW-UP**

ADAPTIVE TECHNOLOGY LAB

- ☐ **COMPUTER SKILLS TRAINING**
- ☐ **COMPUTER/SOFTWARE ASSESSMENT (*RECOMMENDATION ONLY*)**
- ☐ **WORKSITE ASSESSMENT (*PLEASE PROVIDE ADDRESS AND TELEPHONE NUMBER IN THE COMMENT SECTION*)**
- ☐ **CAREER INTEREST INDICATOR ADMINISTRATION**
- ☐ **EMPLOYER CONSULTATION**

☐ **BUSINESS ENTERPRISE PROGRAM (*PLEASE INCLUDE COMPLETED BEP REFERRAL INFORMATION FORM*)**

NAME OF CLIENT	**AGE**
ADDRESS: (*NUMBER AND STREET, CITY, STATE, ZIP CODE*)	
HOME TELEPHONE NUMBER	**WORK TELEPHONE NUMBER**
WORK DAY/HOURS:	
DATE OF BIRTH	**SOCIAL SECURITY NUMBER ***
DISABILITY(IES):	
PRIMARY:	**SECONDARY:**
OTHER:	
VISUAL ACUITY	
CASE STATUS	
VOCATIONAL GOAL/INTERESTS:	

DATE AVAILABLE TO BEGIN PROGRAMMING:

SPECIAL NEEDS OR LIMITATIONS OF THIS CLIENT:

COMMENTS:

ATTACHMENT (*PERTINENT TO SERVICE(S) REQUESTED*):

- ☐ **VR REFERRAL AND APPLICATION**
- ☐ **VR CERTIFICATION**
- ☐ **INDIVIDUAL PLAN FOR EMPLOYMENT (IPE)**
- ☐ **GENERAL MEDICAL EXAM**
- ☐ **OPHTHALMOLOGICAL EXAM**
- ☐ **OTOLOGICAL EXAM**
- ☐ **PSYCHOLOGICAL EXAM**
- ☐ **PERSONAL ADJUSTMENT EVALUATION AND / OR TRAINING REPORTS**
- ☐ **ORIENTATION AND MOBILITY EVALUATION AND / OR TRAINING REPORTS**
- ☐ **COMMUNITY EMPLOYMENT ASSESSMENT**
- ☐ **OTHER EVALUATION AND / OR TRAINING REPORTS**

REFERRED BY:	**TELEPHONE NUMBER**
SIGNATURE	**DATE**

*** The request for your Social Security number is VOLUNTARY and you will not be penalized for not supplying it. This completed form is CONFIDENTIAL according to the Rehabilitation Act as amended 1973.**

BUSINESS ENTERPRISE REFERRAL

BUSINESS ENTERPRISE PROGRAM (BEP) REFERRAL INFORMATION

LEGALLY BLIND:

☐ YES ☐ NO

PROOF OF CITIZENSHIP: SUBMIT COPY OF ANY OF THE FOLLOWING:

Social Security Card / Benefit Notice, Medicaid / Medicare Card, Drivers License, Birth Certificate, Voters Registration Card or other.

HIGH SCHOOL DIPLOMA?

☐ YES ☐ NO

MATH ABILITY:

☐ Above 8th Grade Level
☐ Below 8th Grade Level

BUSINESS EXPERIENCE / TRAINING:

KEYBOARDING SKILLS?

☐ YES ☐ NO

☐ GOOD ☐ FAIR ☐ POOR

INDEPENDENT LIVING SKILLS:

☐ GOOD ☐ FAIR ☐ POOR

ORIENTATION AND MOBILITY SKILLS:

☐ GOOD ☐ FAIR ☐ POOR

PREFERRED MODE OF COMMUNICATION:

☐ BRAILLE ☐ LARGE PRINT ☐ TAPE ☐ DISK

COMMUNICATION SKILLS:

☐ GOOD ☐ FAIR ☐ POOR

OTHER MEDICAL LIMITATIONS:

INTERPERSONAL SKILLS:

☐ GOOD ☐ FAIR ☐ POOR

WHY DO YOU FEEL THIS INDIVIDIUAL IS A GOOD CANDIDATE FOR SELF-EMPLOYMENT AND HAS THE POTENTIAL TO OPERATE A SMALL BUSINESS SUCCESSFULLY?