

# Vocational Rehabilitation Referral Form



Please download and complete this form and email it to HOPE Group's Vocational Rehabilitation Coordinator at [mvanhook@hopegroupaz.com](mailto:mvanhook@hopegroupaz.com)

### Basic Information:

<b>Client Name:</b>			
<b>Date Completed:</b>		<b>Diagnoses:</b>	
<b>Date of Birth:</b>		<b>Gender:</b>	Male Female
<b>Full Address:</b>			
<b>Name of Parent(s)/ Legal Guardian(s) – if applicable:</b>			
<b>Contact Email:</b>		<b>Contact Phone Number:</b>	
<b>Primary Language/Cultural Consideration(s):</b>			

<b>Basic Health Information:</b>	Is client visually impaired? Is client hearing impaired? Is client physically impaired?	Yes No If so, explain: Yes No If so, explain: Yes No If so, explain:
<b>Should we be aware of any Adaptive Devices and/or accommodations needed – if applicable:</b>	Augmentative and Alternative Communication (AAC) Device Ankle Foot Orthotics (AFOs)/Leg, foot or ankle braces	Glasses Hearing Aids Wheel chair/walker/forearm crutches Other:

### Availability for Vocational Rehabilitation Services:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:00 am							
8:00 am							
9:00 am							
10:00 am							
11:00 am							
12:00pm							
1:00 pm							
2:00 pm							
3:00 pm							
4:00 pm							
5:00 pm							
6:00 pm							
7:00 pm							

### If you currently have VR services, please provide the following information:

<b>Vocational Rehabilitation Counselor:</b>	Name: Email: Direct Phone Number:
<b>Service(s) Needed:</b>	Job Development & Placement    Job Retention Rehabilitative Instructional Services