

**TAMPA LIGHTHOUSE CLIENT REFERRAL FORM**

PROGRAM:  SE  VR  TR  IL  EI

PARTICIPANT'S NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

PHONE(S): \_\_\_\_\_ DOB: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

RACE \_\_\_\_\_ ETHNICITY \_\_\_\_\_  H  NH

VISUAL DISABILITY:  TOTALLY BLIND  LEGALLY BLIND  SEVERE V I

ETIOLOGY: \_\_\_\_\_

NON-VISUAL DISABILITY: \_\_\_\_\_

REFERRAL DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

SERVICES REQUESTED: Please Circle!

- Independent Living Assessment** (Assessment)
- Early Intervention**
- Orientation and Mobility Assessment** (Assessment)
- Assistive Technology Assessment** (Assessment)
- Vocational Evaluation** (Assessment)
- Independent Living Class** (Other Training, Counseling and Information and Referral)
- Orientation and Mobility Training** (Other Training)
- Assistive Technology Training Transition** (Assistive Technology Training)  
(Assessment –TCFA, Other Training, Assistive Technology Training, Counseling, Information and Referral, Job Readiness, Job Coaching, Job Development, Rehabilitation Engineering)
- Supported Employment** (Other Training, Counseling, Information and Referral, Job Readiness, Job Coaching, Job Development, Job Placement)
- Job Placement** (Other Training, Counseling, Information and Referral, Job Readiness, Job Coaching, Job Development, Assistive Technology Training and Rehabilitation Engineering)
- Rehabilitation Engineering** (Rehabilitation Engineering)

Enclosed:  DBS Application,  Eye Report,  Initial Interview,  Signed Plan,  Other

**Agency Receipt of Referral**

Referral Received Date: \_\_\_\_\_ Received by: \_\_\_\_\_

Status of Participant and Service: \_\_\_\_\_

Anticipated Services Start Date: \_\_\_\_\_  Not Interested

Comments \_\_\_\_\_

**Note: Please Fax or Mail**