



Referral

First Name (Legal):	Middle Name (Legal):	Last Name (Legal):	Preferred Name:	
Address (Apt or P.O. Box #)		City	State	Zip Code
Phone (check the preferred method of communication): <input type="checkbox"/> Phone: <input type="checkbox"/> Email:				
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify		*Social Security Number:	
Authorized Representative (if applicable): <input type="checkbox"/> Court Appointed Guardian <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Parent of person 18 and younger <input type="checkbox"/> Other				
Name:		Phone:	Email:	
Additional Contact (if applicable):				
Name:		Phone:	Email:	
Health or medical condition(s) that limit your ability to work.				
Other information needed prior to meeting with Nebraska VR, such as accommodations (interpreter) and others to invite (parent, guardian, service provider, service coordinator, payee, etc.).				

Referral Source Information

Name of Referral Source:	Name of Agency/Organization/School:
Phone:	Email:

High School Only

Parent name:	Parent phone number: _____
Parent address if different from student:	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
	Email: _____
	Expected graduation date:

Internal Use Only

Date Received (internal use only)	VR Specialist Assigned:	Was the Orientation video information shared with the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No
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*Social Security number is not required for referral to Nebraska VR. If an individual applies for VR adult services, a social security number will be required at that time.