Referral

07/2026

Legal Name: _____
First Middle Last Preferred Name

Address: _____
Street Address, PO Box City State Zip Code

Phone: _____ Email: _____

Preferred Method of Contact: ☐ Text ☐ Email ☐ Phone Call Primary Language: _____

Date of Birth: _____ Sex: ☐ Male ☐ Female ☐ Unknown

*Social Security Number: _____

Authorized Representative (if applicable):
☐ Court Appointed Guardian ☐ Power of Attorney ☐ Parent of person 18 and younger ☐ 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: _____
Name Agency Name/Organization/School

Phone: _____ Email: _____

High School Only

Parent name(s): _____

Address: _____
Street Address, PO Box City State Zip Code

Phone: _____ Email: _____

Expected Graduation Date: _____

Internal Use Only

Date Received by Nebraska VR: _____ Nebraska VR Specialist Assigned: _____

Was the Orientation video shared with referral? ☐ Yes ☐ No

*Social Security number is not required for referral to Nebraska VR. If an individual applies for Nebraska VR Employment Services, a Social Security number will be required at that time.

Learn more about Nebraska VR at vr.nebraska.gov.