

Vocational Rehabilitation Request

Email Address: _____

Name of Person Completing Form: _____

Title/Role (case manager, self, family member, etc): _____

Phone Number: _____

Type of Service Requested (please check the box that applies)

- Evaluation
- Training
- Other _____

Please list any specific questions you are looking to have addressed by this:

Client Information

Client Name (first and last): _____

Email: _____

Phone Number: _____

Diagnosis: _____

Functional Limitations Impacting Employment: Please mark all that apply

- Mobility
- Communication
- Physical Access to the Computer
- Reading/Writing Skills
- Executive Function/Memory/Cognitive Skills
- Hearing
- Vision
- Other: _____