Today's Date: _____

OFFICE OF VOCATIONAL REHABILITATION REFERRAL QUESTIONNAIRE

County of Residence: _____

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Current Age: _____

Birthdate: _____/_____/_____

Social Security No: _____-_____-_____

Primary Phone No: (_____) _____-_____

Other Phone No: (_____) _____-_____

*OVR assists Individuals with *disabilities* to achieve suitable employment and independence*

Service(s) the individual is inquiring about (select as many as needed):

☐ Supported Employment / Job Placement Services ☐ Rehabilitation (Assistive) Technology

☐ Pre-Employment Transition Services (Pre-ETS)

☐ Other (Explain): _____

Other Information:

☐ Hearing Impaired ☐ Deaf ☐ Use Sign Language

☐ Visually Impaired ☐ Blind ☐ Use Assistive Technology

☐ Receiving Waiver Services

☐ Have a Legal Guardian Guardian's Name: _____ Contact No: (____) _____-_____

☐ Other (Explain): _____

_____

For OVR Office Use Only:

Referral Sent by: **AspYre LLC** : kkirtley@aspyre2be.com or kimberleykirtley@gmail.com (270)231-7819

Sent to: OVR David Benson: DavidD.Benson@ky.gov

3108 Fairview Drive, Owensboro, Ky 42303 Phone: (270)687-7308 Fax: (270)687-7349