Manny Ziegler – Senior Employment Specialist
714-658-4281 / Fax: 310-837-2754 / mannydmc@attbi.com
Dayle McIntosh Center - 13272 Garden Grove Blvd. Garden Grove CA 92843

Visually Impaired Vocational Services Client Referral Form

Date: **DR Counselor:** **DR Phone #:**

Client Name: **SS#:** **DOB:**

Address:

Phone: **Mes Phone:** **Email:**

Vocational Goal:

Primary Disability:

Type of Visual Impairment: **MD** **RP** **Cataracts** **Other:**

Secondary Disability:

Braille Reader?: **Yes-Grade1** **Yes-Grade2** **No**

Mobility: **Uses Guide Dog** **Uses Cane** **None**

Computer AT knowledge(if applicable): **JAWS** **ZoomText** **Other:**

When was AT assessment/evaluation done?: **(Please attach)**

Accommodations/Modifications/AT Needed:

Funding Sources: **SSI** **SSDI** **SDI** **GR** **VA** **TANF** **(circle one or more)**

Current Medication:

Substance Abuse History: **YES** **NO** **How long sober?**

Criminal History:

Please include the following information with this referral:

1. **AT Assessment/Evaluation**
2. **Psychological or Medical Evaluation**
3. **Vision Examination**
4. **Mobility and/or Vocational Training Evaluation or Notes**
5. ***Authorization for service***

Comments:

Counselor's Signature: **Date:**