



**WEST VIRGINIA DEPARTMENT OF EDUCATION AND THE ARTS
DIVISION OF REHABILITATION SERVICES**

Summersville Branch Office • 830 Northside Drive, Suite 113 • Summersville, West Virginia 26651
Telephone: (304) 872-0813 • Fax (304) 872-0518 • www.wvdrs.org

Donna L. Ashworth, Director

Date: _____

NEW CLIENT REFERRAL FORM

NAME: _____ SEX: ___ DOB: _____

ADDRESS: _____

TELEPHONE: _____ (HOME) - _____

SSI/SSDI RECEIPT: YES: _____ NO: _____

DRIVER'S LICENSE: YES: _____ NO: _____

TRANSPORTATION AVAILABLE: YES: ___ NO: ___

CURRENTLY EMPLOYED: YES: ___ NO: ___

CURRENTLY ENROLLED IN TRAINING (High School, College, Vocational, ABE):
YES: ___ NO: _____

ANY PROBLEMS READING OR WRITING? YES: ___ NO: _____

DISABLING CONDITION (Physical, Emotional, Learning): YES: ___ NO: _____

EXPLAIN:

WHAT DO YOU WANT DRS TO HELP YOU WITH?

PERSON MAKING REFERRAL (Name, Agency, Contact Info.):

PLEASE FAX OR E-MAIL ALL REFERRAL FORMS TO:

Chris Baker
Thomas.C.Baker@wv.gov
FAX- 304-256-6903