

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Rehabilitation Services Administration

BLIND/VISUALLY IMPAIRED DEAF/HARD OF HEARING SUMMER YOUTH PROGRAM REFERRAL

Please complete the form and send to rsadhhreferrals@azdes.gov. By submitting this form I understand that my information will be entered into the RSA client system and I will be contacted by a representative of RSA.

INDIVIDUAL BEING REFERRED

Title: _____

Last Name: _____

First Name: _____ **Middle Initial** _____

Mailing Address (No., Street)

City _____ **State** _____ **ZIP Code** _____

Residential Address (No., Street)

City _____ **State** _____ **ZIP Code** _____

Home Phone Number _____

Cell Phone Number _____

Alternate Contact Number _____

Email _____

Video Phone Number _____

VRS IP _____

Date of Birth _____ **Gender:** _____

Social Security Number: _____

PARENT/LEGAL GUARDIAN (IF APPLICABLE)

Title: _____

First Name: _____

Last Name: _____

Mailing Address (if different from above)

City _____ **State** _____ **ZIP Code** _____

Phone Number (if different from above) _____

RACE/ETHNICITY	TRAVEL INFORMATION	WHAT ACCOMMODATIONS DO YOU NEED FOR YOUR FIRST APPOINTMENT?
White	Alone	Interpreter Services
Black or African American	With a Sighted Guide	ASL
Asian	With a Cane	Transliteration
Hispanic or Latino	With a Dog Guide	CART
Native Hawaiian or Pacific Islander	At Night	Large Print Documents
American Indian or Alaska Native If checked: Tribal Affiliation:	During the Day	Braille Documents
	On Public Transportation	Transportation Assistance
	With a Wheelchair	Other-please list:
	With Assistive Devices	
	Other:	

PRIMARY LANGUAGE

Primary Language _____

Other Languages or Modes of Communication

NAME OF REFERRAL SOURCE

How did you hear about us? _____

Self-Referred

Do you have a DDD case worker? Yes No

If yes, what is the name of your case worker?

Do you receive services from a Behavioral Health Clinic?

Yes No If yes, what is the name of your case manager?

If yes, what is the name of your clinic?

Are you interested in attending the Blind and Visual Impairment Summer Youth Program?

Yes

No

**WHAT IS YOUR DISABILITY(IES)
PLEASE CHECK ALL THAT APPLY.**

Behavioral Health

Blind or Visually Impaired

Deaf or Hard of Hearing

Developmental Delay

Cognitive Delay

