

## Business Enterprise Program (BEP) Referral

A Vocational Rehabilitation (VR) client must be 18 years old, a United States citizen, and legally blind to apply for the Business Enterprise Program (BEP). This form must be submitted to [azrsa@azdes.gov](mailto:azrsa@azdes.gov).

### VR Client Information

Title: \_\_\_\_\_ Name (Last, First, M.I.): \_\_\_\_\_

Mailing Address (Number, Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Residential Address (Number, Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Alternate Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

VR Counselor Name: \_\_\_\_\_

Primary Language or Dialect: \_\_\_\_\_

Other Languages or Modes of Communication: \_\_\_\_\_

Is the VR client a family member or close associate of an RSA program employee?    Yes    No

Optional: Name of the family member or close associate. \_\_\_\_\_

Race / Ethnicity <i>(select all that apply)</i>	Travel Information	What accommodation(s) are needed to attend the 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
Decline to self-identify	With a Wheelchair	Other - please list:
	With Assistive Devices	
	Other:	

## Disability Information

Select all that apply.

Mental Health

Blind or Visually Impaired

Deaf or Hard of Hearing

Developmental Delay

Cognitive Delay

Other (*please describe*): \_\_\_\_\_

Date of submission to the BEP: \_\_\_\_\_