

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Rehabilitation Services Administration

REFERRAL FORM

You may fill out this form electronically and email it to azrsa@azdes.gov or you may print this form and take it to the RSA office closest to you. To locate the office closest to you, call 1-800-563-1221 or visit the web at www.azdes.gov/rsa and click on Contact Information.

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.

GENERAL CONTACT INFORMATION

Title: _____

Last Name: _____

First Name: _____

Middle Initial _____ **Date of Birth** _____ **Gender:** _____

Social Security Number: _____

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 _____

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?

**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

Other: *(please describe)* _____

