

New Jersey Division of Vocational Rehabilitation Services

Referral for Assistive Technology Services

(Note: To assure prompt service, this form **must** accompany all vouchers.)

DVRS Office: _____ Date: _____

Counselor: _____

E:mail: _____ Phone: _____

Consumer

Name:			
If applicable, Parent/Guardian Name:			Relationship:
Phone:			
DOB:	Gender:	Disability:	

Vocational Objective / Interest:

Assistive Technology Service Requested (Please Choose One)

- Architectural Accessibility
 Computers
 Worksite Accommodation
 Augmentative Communication
 Mobility
 Other: _____

Vendor ID# 221-55-0592-00 (Please choose Evaluation OR Tutoring)

<input type="checkbox"/> Evaluation Svc. Category: <u>Assistive Tech. Services</u> Svc. Sub-Cat: <u>Rehab Engineering Eval</u> Voucher code TS005, <u>15 units</u> (includes follow-up after report is sent, for example setting up trial use of device, resolving problems with equipment vendors, or having Advancing Opportunities process purchasing of equipment)	<input type="checkbox"/> Tutoring Svc. Category: <u>Misc. Training/Tutoring</u> Svc. Sub-Cat: <u>Tutoring</u> Voucher code C7004, rate of <u>\$75/hr</u> (also called "Technical Assistance;" can include assistance with set-up, training, customization for work tasks, etc) _____ # Hours Requested (max. 10 hrs/voucher; for more hours, send multiple vouchers)
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Assistive Technology helps people perform tasks that they have difficulty doing, or cannot do.

What would the consumer like to be able to do, that they cannot do now?

Key People (i.e., people who would help implement recommendations)

Name	Relationship	Phone #	E-mail

Additional information we should know:

To make a referral:

Step 1: Complete this form and the voucher;

Step 2: Gather relevant reports and mail or fax the packet to:

Advancing Opportunities
 Attn: ATS Admin. Assistant
 1005 Whitehead Road Ext.
 Suite #1
 Ewing, NJ 08638

The counselor will be contacted in order to gather further background information, confirm the goal, and schedule services.

 If you have any questions, please give us a call: 888-322-1918, x595.

(f) 609-882-4054

Relevant reports include:

- counselor file summaries, IPE
- informed client choice options worksheet
- occupational, physical, and speech therapy, or other medical reports
- psychological, vocational, or educational evaluations

For Advancing Opportunities Staff Only:

Primary Staff Contact:		Tracking #:
Service Type:	Service Subject:	
Service Location:	Source: <u>DVR</u>	