(Office Use)  Date Received:	
Referred To:	

Please email completed form to:
<a href="mailto:anthony.m.keane@mass.gov">anthony.m.keane@mass.gov</a>
Please cc: DDS Area Director and
<a href="mailto:Lisa.DiBonaventura@mass.gov">Lisa.DiBonaventura@mass.gov</a>
Thank you!

## Orientation & Mobility/Low Vision Services Request for Services

Name:		
Date of Referral:		
Home Address:		
Type:  Group Home Shared Living Lives Alone Lives with Parents/Family Other:		
Contact Person:		
Phone #: Email:	Email:	
Date of Birth:		
DDS Service Coordinator:	Telephone:	
Area Office:	Email:	
Day Services/Employment:		
Address:		
Type: ☐ Vocational ☐ Day Habilitation ☐ Supported Employment ☐ Other:		
Contact Person:		
Phone #:		
Email:		

Service Requested:		
☐Orientation and Mobility Assessment		
☐Environmental Assessment		
Residential Staff Training		
☐Day/Work Staff Training		
☐ Direct Certified Orientation and Mobility Specialist Services		
☐Direct Vision Rehabilitation Assistant Services		
Other:		
Reason for Referral:		
Language Spoken:		
Medical Health Issues:		
Mental Health Issues:		
Medications:		
Behavioral Issues:		

Eye Care Provider Name:		
Address:	Phone #:	
☐ Ophthalmologist ☐ Optometrist Date of most recent eye exam:	•	
Primary Care Provider Name:		
Address:	Phone #:	
Should DDS Service coordinator be contacted price	or to first visit?  Yes No	
Others To Be Contacted (if applicable) Parent/Guardian:	Email:	
	Phone:	
	imail:	
	Phone:	
, , , , , , , , , , , , , , , , , , , ,	imail:	
	Phone:	
-   -   -   -   -   -   -   -   -   -	imail: 	
	Phone:	
Other Specialist:	Email:	
F	Phone:	
DDS Supportive Technology Assessment Information: Promoting Collaboration		
Please provide information as relevant # 1, 2 or 3. Thank you!		
1. Assessment Complete or In Process:		
Name of Evaluator/Agency:		
Evaluator Email/Phone:		
Has assessment been completed?   Yes. Date:	☐ Not yet completed.	
<ul> <li>Please attach copy of AT assessment</li> </ul>		
2. Awaiting or Considering Assessment:		
☐ AT Referral was submitted. Date:	AT referral not sent but being considered.	
When/if AT Evaluator has been assigned, please share contact info with assigned COMS.		
3.   No Supportive Technology Assessment is being considered or needed at this time.		
Please give a description of what goals you have for individual receiving this service:		
Any other concerns/questions you would like to ha	ave addressed with O&M Services?	