

(Office Use)
Date Received:

Referred To:

Please
 E-mail Completed form to:
Lisa.DiBonaventura@state.ma.us
 Please Cc:
 DDS Area Director
 Thank you!

Orientation & Mobility/Low Vision Services Request for Services

Name:	
Date of Referral:	
Home Address:	
Type: <input type="checkbox"/> Group Home <input type="checkbox"/> Shared Living <input type="checkbox"/> Lives Alone <input type="checkbox"/> Lives with Parents/Family <input type="checkbox"/> Other:	
Primary Language:	
Contact Person/role:	Phone #:() -
Email:	
Language Spoken:	
Date of Birth:	Guardian Y N (list name on 3rd pg.)
DDS Service Coordinator:	Telephone:
Area Office:	Email:
Day Services/Employment:	
Address:	
Type: <input type="checkbox"/> Vocational <input type="checkbox"/> Day Habilitation <input type="checkbox"/> CBDS/ Community <input type="checkbox"/> Other:	
Contact Person:	Phone #:
Email:	
Service Requested:	
<input type="checkbox"/> Orientation and Mobility Assessment <input type="checkbox"/> Environmental Assessment <input type="checkbox"/> Residential Staff Training <input type="checkbox"/> Day/Work Staff Training <input type="checkbox"/> Direct Certified Orientation and Mobility Specialist Services <input type="checkbox"/> Other:	

Reason for Referral/ Desired Outcome:

Mental Health/ Behavioral Concerns:

Medications:

Medical Health Issues:

Eye Care Provider Information:

**Date of most recent eye exam:
Cause of Legal Blindness:**

**Name:
Address:
Phone#:**

Primary Care Provider Information:

**Name:
Address:
Phone#:**

Guardian Information:
Should Guardian be contacted? Y/N

Name:
Address:
Phone#:
Email:

Should DDS Service coordinator be contacted prior to first visit? YES / NO (circle one)

Others to be contacted/applicable:

Physical Therapist:	Email:	Phone:
Occupation Therapist:	Email:	Phone:
Other:		

Any other concerns/questions you would like to have addressed with Orientation and Mobility Services?

***Please attach a copy of the most recent ISP, the Health Record, and ANY Behavioral Guidelines or Leveled Plans**