**WRENTHAM DEVELOPMENTAL CENTER**

**Request for Services**

Complete all sections of the form below, attaching relevant medical documentation as required.

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| Consumer Name: | Date of Referral: Click or tap to enter a date. |
| Home Address: | Contact Person at Home:  Phone:  Email: |
| Service Coordinator:  Area Office: | Service Coordinator Phone:  Email: |
| Day Program:  Vocational  Supported Employment  Day Habilitation  Other: | |
| Day Program Address: | Day Program Contact Person/Title:    Phone:  Email: |
| Evaluation(s) being requested:  Physical Therapy  Occupational Therapy  Adaptive Design (ATRC)  Adapted Physical Education (APE)**\***  O&M/Low Vision Assessment**\*\***  Speech Therapy  One**Sight** **\***All APE requests must include the following two forms, signed and dated within 45 days of the request:  1. Medical Clearance 2. Health Review for Participation in an Exercise Program  **\*\***Please email, fax, or mail current eye reports to Lisa DiBonaventura, [Lisa.DiBonaventura@mass.gov](mailto:Lisa.DiBonaventura@mass.gov)  Address: Wrentham Developmental Center, PO Box 144, Wrentham, MA 0209. Fax: 508.384.6771 | |
| Reason for referral: | |
| List Community Resources that have been explored (including dates of contacts and why service was not provided):        Additional comments: | |
| **IDENTIFYING DATA** | |
| Date of Birth: Click or tap to enter a date. Language spoken:  Diagnosis:  Functioning level:  Psychiatric diagnosis:  Medical/Health concerns:  Behavioral and/or Mental health concerns:  Other relevant information: | |
| **Adaptive Design/Assistive Technology Request** | |
| What assistive technology (AT) is currently being used (if any)?  Is the technology meeting the consumer’s needs?  Yes  No  Please explain why it is/is not working. | |
| **Orientation and Mobility/Low Vision Assessment Request** | |
| Eye Doctor Name/Practice:  Optometrist  Ophthalmologist  Phone:  Address: | |
| **OneSight Charitable Program Request** | |
| Contact person:  Phone:  Email:  Mailing Address: | LensCrafters Store Mailing Address:    Phone:  Contact person:  Email:  Date of prescription: Click or tap to enter a date. |
| Please describe other sources of payment that have been explored: | |
| **PT/OT/APE/ATRC requests**:   1. Forward completed request to Area Director/Assistant Area Director for review and approval. 2. Forward completed request, supporting documentation, and Area approval to the following individual:   Cynthia VanVoris, Director of Social Services  [cynthia.p.vanvoris@mass.gov](mailto:cynthia.p.vanvoris@mass.gov)  Wrentham Developmental Center P.O. Box 144 Wrentham, MA 02093 | **Orientation and Mobility/Low Vision Assessment/OneSight requests:**  Forward completed request and supporting documentation to:  Lisa DiBonaventura, MA, COMS,  Statewide Director, Vision and Vision Loss Services  [Lisa.DiBonaventura@mass.gov](mailto:Lisa.DiBonaventura@mass.gov)  Wrentham Developmental Center P.O. Box 144 Wrentham, MA 02093  Fax: 508.384.6771  Cc: Cynthia VanVoris, Director of Social Services  [cynthia.p.vanvoris@mass.gov](mailto:cynthia.p.vanvoris@mass.gov) |