(Office Use) **Approved:** **Denied:** **Reason:** **Referred To:** **Approval Email received:**	**(A brief email approving the request from the Area Director or AAD is required to process the request). Please email approval to: Peter.lafferty@MassMail.State.MA** • **Not applicable for Orientation & Mobility request.**

E-mail Completed form to:
Peter Lafferty
Wrentham Developmental Center
P.O. Box 144
Wrentham, MA 02093

Wrentham Developmental Center
Request for Services

Name:		
Date of Referral:		
Address:		**Telephone:** **Contact Person:**
Service Coordinator:		**Telephone:**
Area Office:		
Day Program: **Address:** **Type:** ☐ **Vocational** ☐ **Day Habilitation** ☐ **Supported Employment** ☐ **Other:** **Contact Person:** **Phone #:**		
Type of Service Requested: ☐ **O &M / Low Vision Assessment** ☐ **PT Eval.** ☐ **OT Eval.** ☐ **Adaptive Design (ATRC)** ☐ **APE Eval (Please include current, completed Medical Clearance & the Health Review for Participation in an Exercise Program forms. Forms must be dated within 45 days of this request).** ☐ **Lens Crafter Charitable Program (see page 2)** ☐ **Other:** *** If requesting a low vision or an orientation & mobility assessment, please mail copies or fax copies of the most recent eye reports to Lisa DiBonaventura, P.O. Box 144, Wrentham, MA 02093 or fax to (508) 384-6771.**		

Reason for Referral:	
Identifying Data:	
Date of Birth:	**Language Spoken:**
Diagnosis:	**Functioning Level:**
Psychiatric Diagnosis:	**Other:**
What Community Resources Have Been Explored? (please include date of contacts and why service was not provided):	
Please Complete the following sections if applicable:	
Medical / Health Issues:	
Mental Health Issues:	
Behavioral Issues:	
Other:	
O&M Referrals: Eye Doctor Information **Name:** **Address:** **Phone #:** ☐ **Optometrist** ☐ **Ophthalmologist**	

Lens Crafter Gift of Sight Charitable Program Request

Contact Person: **Telephone #:**
Mailing Address:

Mailing Address of Lens Crafter Store:

Store Phone #:

Date of Prescription:
Please Describe other Sources of Payment That Have Been Explored: