

(Office Use)	
Approved:	
Denied:	Reason:
Referred To:	

**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: <input type="checkbox"/> Vocational <input type="checkbox"/> Day Habilitation <input type="checkbox"/> Supported Employment <input type="checkbox"/> Other:	
Contact Person:	Phone #:
Type of Service Requested:	
<input type="checkbox"/> O &M / Low Vision Assessment <input type="checkbox"/> PT Eval. <input type="checkbox"/> OT Eval. <input type="checkbox"/> Adaptive Design (ATRC) <input type="checkbox"/> APE Eval (Please include current, completed <u>Medical Clearance</u> & the <u>Health Review for Participation in an Exercise Program</u> forms. Forms must be dated within 45 days of this request).	
<input type="checkbox"/> Lens Crafter Charitable Program (see page 2) <input type="checkbox"/> Other:	
<p>* 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) 384-5612.</p>	

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 #:	<input type="checkbox"/> Optometrist <input type="checkbox"/> 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:
