**REFERRAL FOR SERVICES**

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 264 (9-2021)

When making a referral to Vocational Rehabilitation, please ensure that the individual being referred is aware of Vocational Rehabilitation and that a referral for services is being made. Vocational Rehabilitation reserves the right to release the contact information of the referring person to include the referrer’s name, phone number, and email address when contacting the person being referred.

If the individual is under 18 or not their own guardian, please include the name and contact information of the guardian as well as the individual.

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| --- | --- | --- | --- | --- | --- | --- |
| Name of the Individual Being Referred | | | Referral Date | | | |
| Street Address | | City | | State | | ZIP Code |
| County | | Telephone Number | | | | |
| Email Address | | | | | | |
| Guardian Name, if applicable | Guardian Telephone Number | | | | Guardian Email Address | |
| Reason for Referral and Other Relevant Information | | | | | | |

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| Name of Individual Making the Referral for Vocational Rehabilitation Services | |
| Telephone Number | Email Address |

Send referral form to:

Vocational Rehabilitation

1000 E Divide Avenue

Bismarck, North Dakota 58501

Toll Free: 1-800-755-2745

Fax 1-701-328-1884

Email address: [dhsvr@nd.gov](mailto:dhsvr@nd.gov)