

Maryland State Department of Education
Division of Rehabilitation Services
Referral for Vocational Interpreter Services

Referral to (VI Name): _____ Date: _____

Referral from (DORS Counselor): _____

Consumer Name: _____ PID: _____

Consumer Is: ☐ Deaf ☐ Hard of Hearing ☐ Deaf-Blind

Consumer Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Preferred Contact: ☐ Email: _____

☐ Video Phone: _____

☐ Mobile Phone: _____ Texting Ok? ☐ Yes ☐ No

Consumer's Primary Mode of Communication:

☐ ASL ☐ MCE/PSE ☐ Tactile ☐ Speech/Lip-Read ☐ Other: _____

Primary Disability:

Secondary Disability:

Employment Goal from IPE:

The following required forms are attached:

☐ Deaf & Hard of Hearing Communication Assessment (RS-4r)

☐ Consent for Disclosure of Information (RS-2b)

Services being requested at this time and approximate number of hours:

☐ Job Development Preparation: _____ hours

☐ On-Site Job Interview Assistance: _____ hours

☐ On-Site Vocational Interpretation (e.g. short term training, job fairs): _____ hours

☐ On-Site V.I. during Pre-ETS Work-Based Learning Experience (WBLEs): _____ hours

I accept this referral and understand that VI service delivery will not start until a signed Purchase Authorization for the specified service(s) has been received.

Signature of Vocational Interpreter

Date

I am unable to accept this referral at this time _____ (Please initial)

Return signed/initialed form to DORS Counselor.
Completed and signed form to be added to consumer's electronic case file.