



West Virginia Division of Rehabilitation Services  
 Beckley District Office  
 800 New River Town Center  
 Beckley, West Virginia 25801  
 P: 304.256.6900 • F: 304.256.6903  
 wvdrs.org  
 Pisnu Bua-lam, Acting Director

Date: \_\_\_\_\_

**NEW CLIENT REFERRAL FORM**

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SSI/SSDI RECIPIENT: YES: \_\_\_\_\_ NO: \_\_\_\_\_

DRIVER'S LICENSE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

TRANSPORTATION AVAILABLE: YES: \_\_\_\_\_ NO: \_\_\_\_\_

CURRENTLY EMPLOYED: YES: \_\_\_\_\_ NO: \_\_\_\_\_

CURRENTLY ENROLLED IN TRAINING (High School, College, Vocational, ABE):

YES: \_\_\_\_\_ NO: \_\_\_\_\_

ANY PROBLEMS READING OR WRITING? YES: \_\_\_\_\_ NO: \_\_\_\_\_

DISABLING CONDITION (Physical, Mental Health, Learning): YES: \_\_\_\_\_ NO: \_\_\_\_\_

EXPLAIN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WOULD YOU LIKE DRS TO HELP YOU WITH? \_\_\_\_\_

PERSON MAKING REFERRAL (Name, Agency, Contact Info.): \_\_\_\_\_

**PLEASE EMAIL OR FAX ALL REFERRAL FORMS TO:**

**Anna Hardy**

**Anna.M.Hardy@wv.gov FAX- 304-256-6903**