

STATE OF DELAWARE  
DEPARTMENT OF LABOR  
DIVISION OF VOCATIONAL REHABILITATION

REFERRAL FOR SERVICES

THIS IS A CONFIDENTIAL COMMUNICATION

Name of referral: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No. \_\_\_\_\_

Sex: M  F  Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Disability: \_\_\_\_\_

What assistance is required to become employed? \_\_\_\_\_

Who referred you to DVR: \_\_\_\_\_

Referral form completed by: \_\_\_\_\_

**Please mail or fax the completed form to the Office location nearest you:**

**Division of Vocational  
Rehabilitation  
4425 North Market Street  
Wilmington DE 19809-0969  
Tel: 302 761-8275  
Fax: 302 761-6633  
Atten: Joseph Fratangelo**

**Division of Vocational  
Rehabilitation  
Pencader Corporate Center  
225 Corporate Blvd, Suite 204  
Newark, DE 19702  
Tel: 302 368-6980  
Fax: 302 368-6988  
Atten: Thomas Vadden**

**Division of Vocational  
Rehabilitation  
Carroll's Plaza, Suite 105  
1114 South DuPont Highway  
Dover, DE 19901  
Tel: 302 739-5478  
Fax: 302 739-6874  
Atten: Crystal Sheats**

**Division of Vocational  
Rehabilitation  
Georgetown Professional Park  
20793 Professional Park Blvd.  
Georgetown, DE 19947  
Tel: 302 856-5730  
Fax: 302 856-5486  
Atten: James Carter**