



State of Delaware
 Department of Labor
 Division of Vocational Rehabilitation

Date: _____

REFERRAL FOR SERVICES
 This is a confidential communication

Last Name:		First Name:		MI:
Address:				
City:	State:	Zip Code:	County:	
Telephone Number:	Cell Phone Number:		Alternate Phone Number:	
Email Address:				
Social Security Number:	Date of Birth:	Age:	Sex: <input type="radio"/> Female <input type="radio"/> Male	

Disability:

What assistance is required to become employed?

How did you hear about DVR?

Other comments:

Please mail or fax the completed form to the office location nearest you.

Div. of Vocational Rehabilitation, ATTN: Wilmington Office 4425 North Market St., Wilmington, DE 19802	Phone: 302-761-8275 Fax: 302-761-6633
Div. of Vocational Rehabilitation, ATTN: Newark Office Pencader Corporate Center, 225 Corporate Blvd., Suite 204, Newark, DE 19702	Phone: 302-368-6980 Fax: 302-368-6988
Div. of Vocational Rehabilitation, ATTN: Middletown Office Appoquinimink State Service Ctr., 122 Silverlake Rd., Middletown, DE 19709	Phone: 302-696-3180 Fax: 302-696-3181
Div. of Vocational Rehabilitation, ATTN: Dover Office Blue Hen Corporate Center, 655 S. Bay Rd., Suite 2H, Dover, DE 19901	Phone: 302-739-5478 Fax: 302-739-6874
Div. of Vocational Rehabilitation, ATTN: Georgetown Office 8-B Georgetown Plaza, Georgetown, DE 19947	Phone: 302-856-5730 Fax: 302-856-5486