



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:	Gender:

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 nearest you, or email to: dol_dvr@delaware.gov

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 252 Chapman Road, Christiana Building, Suite 210, Newark, DE 19702	Phone: 302-368-6980 Fax: 302-368-6988
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 Georgetown Plaza, Suite 2, Georgetown, DE 19947	Phone: 302-856-5730 Fax: 302-856-5486

*Written Notice of Beneficiary Protections: Because this program is supported in whole or in part by financial assistance from the U.S. Department of Education, we are required to provide you with information regarding your beneficiary protections before enrollment. In the instance where it is impracticable to provide written notice of these protections prior to services, this notice must be provided at the earliest available opportunity. For the full listing of beneficiary protections please visit: <https://www.ecfr.gov/current/title-34/section-75.712>