



Delaware Department of Labor  
Division of Vocational Rehabilitation

## Delaware Office for the Deaf & Hard of Hearing

### Information and Referral Form

This is a confidential communication

Request Date: \_\_\_\_\_ Employee Handling Request: \_\_\_\_\_

Name: \_\_\_\_\_

Agency or Organization (if applicable): \_\_\_\_\_

Individual's Occupation: \_\_\_\_\_

Phone Number (1): \_\_\_\_\_ Phone Number (2): \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Website: \_\_\_\_\_

Mailing Address 1: \_\_\_\_\_

Mailing Address 2 (if applicable): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County:     New Castle County                      Kent County                      Sussex County

How did you hear about DeIODHH?

Information or Referral Request (If more space needed, go to page 2):

To submit a form click the "Email" button. Or you may save a form to your device and then attach to an email. Send to: DOL\_DeIODHH@delaware.gov.

