Delaware Office for the Deaf & Hard of Hearing

Delaware Department of Labor
Division of Vocational Rehabilitation

Delaware Office for the Deaf & Hard of Hearing

INFORMATION AND REFERRAL REQUEST FORM

This is a confidential communication

REQUEST DETAILS

Request Date: _____ **Employee handling request:** _____

CONTACT INFORMATION

Name: _____

Agency or Organization (if applicable): _____

Individual's Occupation: _____

Phone Number (1): _____ **Phone Number (2):** _____

Mobile Number: _____ **Fax Number:** _____

Email Address: _____

Website: _____

Mailing Address: _____

Mailing Address 2 (if applicable): _____

City: _____ **State:** _____ **Zip Code:** _____

County:

☐ New Castle County ☐ Kent County ☐ Sussex County

HOW DID YOU HEAR ABOUT ODHH?

INFORMATION OR REFERRAL REQUEST (CONTINUE ON PAGE 2 IF NEEDED)

INFORMATION OR REFERRAL REQUEST - CONTINUED

Use this page if additional space is needed.

Select Submit Form to open an email with this completed PDF attached.

Email: DOL_DODHH@delaware.gov

SUBMIT FORM