

Family Intake Form: https://ufl.qualtrics.com/jfe/form/SV_6fWdAe0jHvo8oxE

Florida & Virgin Islands Deaf-Blind Collaborative

Questions? Call Shelly Voelker at shellyv@ufl.edu

WHO IS MAKING THIS REFERRAL?

Name: _____

Phone: _____ Email: _____

INFORMATION ABOUT THE CHILD/YOUTH WITH DEAF-BLINDNESS

First Name: _____ Last Name: _____

Date of Birth: _____ Gender (circle) Male / Female

County of Residence: _____

Parent / Guardian Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email address(es): _____

Family phone (circle) HOME / WORK / CELLULAR : _____

Other contact phone HOME / WORK / CELLULAR : _____

Diagnosis (or suspected diagnosis): _____

Other Conditions: _____

Level of Hearing Loss? _____

Level of Vision Loss? _____

Physical Disabilities? YES / NO _____

Cognitive Disabilities? YES / NO _____

Complex Health Care? YES / NO _____

INFORMATION ABOUT THE EDUCATIONAL SETTING

County where early intervention / educational services are provided: _____

Private? YES / NO Charter? YES / NO

Early Intervention (age 0-3) Setting: Home / Other: _____

Early Childhood (age 3-5) Setting: _____

School (age 6-21) Setting: _____

Agency / School Street Address: _____

City: _____ State: _____ Zip Code: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

Teacher / Service Provider Name: _____

Best Contact Number: _____

How can we help? _____

Please return forms by **FAX: 352-273-8539**
OR Contact Shelly Voelker for mailing instructions.
Questions? Call Shelly at 352-275-9505