

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
DEPARTMENT OF HUMAN SERVICES
DIVISION OF DISABILITIES & REHABILITATION SERVICES
Knud Hansen Complex - Building A
1303 Hospital Ground
St. Thomas, V.I. 00802

☐ Vocational Rehabilitation

(809)-774-0930 (Tel.)
(809)-774-7773 (Fax)

☐ Special Services:
☐ Cancer Care
☐ Disabled Person's Fund
☐ Adult Services
☐ Adult Foster Care

REFERRAL INFORMATION

Name _____ Sex _____ Social Security No. _____
Date of Birth _____ Age _____ Place of Birth _____
Citizenship Status _____ Alien Regis. No. _____ Occup. _____
Home Address _____ Mailing Address _____
Telephone No. _____ Person to notify in case of emergency _____
Referred* by _____ Date of referral _____
Statement of Disability _____

Type of service requesting _____
Soc. Security Beneficiary No _____ Yes _____ Workers' Compensation No _____ Yes _____
Medical Assistance No _____ Yes _____ Card Number _____
Health Insurance No _____ Yes _____ Name of Company(ies) _____
Where? _____ Name & address of referee's physician _____

Name & address of referral source if an agency or
Organization _____

*Professional personnel referring clients, when possible, please obtain release from client or guardian and attach pertinent medical, psychiatric, psychological or educational information.

FOR VOCATIONAL REHABILITATION USE ONLY

Referral taken by:	Assigned to:	Date
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Note to counselors: As a professional courtesy to doctors, professional service workers, agencies or organizations making referrals, please fill out and send our "Report Back to Referral Source" form at the end of the evaluation process.