



## REFERRAL FOR SERVICES

NORTH DAKOTA VISION SERVICES/SCHOOL FOR THE BLIND  
(08-2022)

Thank you for your inquiry regarding our services for persons with visual impairments. Please complete the following information.

<b>Date</b>
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### General Information

Client Name	Date of Birth	
Address		
City	State	ZIP Code
Email	Telephone Number	

I authorize my case and appropriate information indicated on the next page to be released to NDVS/SB.

Client or legal guardian Signature	Date
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### Referral Information

Referred By	Occupation	
School/Agency/Provider	Telephone Number	
Address		
City	State	ZIP Code

Email
Reason for Referral

Please return this form with the following information

- Ophthalmology/optometric examination report for last visit
- Most current Functional Vision Evaluation.
- Current Individual Educational Plan (IEP), Individualized Family Service Plan (IFSP), Individual Habilitation Plan (IHP), or current progress/intake report
- Other: \_\_\_\_\_.

Return to:  
NDVS/SB  
Attn: Records  
500 Stanford Road  
Grand Forks, ND 58203

FAX to 701-795-2727

Thank you for your response. Upon receiving the information, you will be contacted for scheduling. If you have any questions, please call 1-800-421-1181 or 701-795-2700.

NDVS/SB does not discriminate on the basis of race, color, religion, sex, national origin, disability, age, sex (wages) or genetics in its programs and activities. For inquiries regarding nondiscrimination policies, please contact: Tami Purcell, Business Manager, 701-795-2707.

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