

Department of Labor & Industry
Office of Vocational Rehabilitation
OVR-ODP INTERAGENCY REFERRAL FORM

(To be utilized by the PA Office of Vocational Rehabilitation and the Office of Developmental Programs)

Referral Information:

Name: DOB:

Diagnoses:

Physical Address:

Mailing Address (if different):

Phone- Home: Cell: Work:

Email:

Designated Representative (if applicable):

Name: Relation:

Mailing Address:

Phone- Home: Cell: Work:

Email:

Referring Agency (Check one): ODP OVR

Representative's Name:

Office Address:

Phone:

Email:

Days in Office: M Tu W Th F Time:

Does the agency want to be notified when the Intake Interview is scheduled? YES NO

To whom information/application should be sent, or initial contact should be made:

- Individual
- Designated Representative
- Referring Agency Representative

Documents attached: ODP

- ISP Employment Supplement
- Medical/psychological/educational records
- Vocational Evaluations/Assessments
- Other:

OVR

- Individualized Plan for Employment (IPE)
- Medical/psychological/educational records
- Vocational Evaluations/Assessments
- Other:

Referring Agency Signature

Date