



VR STATEWIDE REFERRAL AND RELEASE

Date: _____

Email to both: DDSNreferrals@scvrd.net and VRreferrals@ddsn.sc.gov.

Or Fax to both: DDSN (803) 898-2242 and SCVRD (803) 896-6510

_____ is interested in securing competitive integrated employment with the assistance of the South Carolina Vocational Rehabilitation Department (SCVRD).

SCVRD: Please contact the Case Manager directly with the VR Counselor's name and contact information to expedite services and maintain open communication. Thank you.

Contact Information

NAME: _____

Legal Guardian, if applicable, (*Must be adjudicated*): _____

Parent/Caregiver: _____

Address: _____ City: _____

County: _____ ZIP: _____

Phone Number (*add area code and Ext.*): _____ Date of Birth: _____

Age: _____ Disability Category: ID/RD HASCI Autism

Currently in school?: Yes No If yes, Name of School: _____

Release of Information

In an effort to increase communication, determine eligibility and assist in securing employment, permission has been given to release information, (including medical information, testing, case notes, etc.) between South Carolina Vocational Rehabilitation Department, South Carolina Department of Disabilities and Special Needs, the Disabilities and Special Needs Case Manager, University of South Carolina, Center for Disability Resources, the individual's local school as noted above (if appropriate) as indicated by consumer/legal guardian signature below. This release will be in effect until it is revoked, which can be done at any time by the individual/legal guardian.

Case Manager: _____

Provider: _____ Cell Phone (*add area code*): _____

Phone (*add area code*): _____ Ext: _____ Email: _____

Case Manager: Please retain a copy of sent email in file and document in case notes.

Individual's Signature: _____

(Legal Guardian if applicable): _____

Date: _____