

**SOUTH DAKOTA  
SERVICE TO THE BLIND AND VISUALLY IMPAIRED  
REFERRAL FOR SERVICES**

Name of Person being referred \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State South Dakota Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Person Making Referral \_\_\_\_\_

Phone Number of Person Making Referral \_\_\_\_\_

**The above information is required.**

Additional Information

Age of Person being referred \_\_\_\_\_

Cause of Vision Loss \_\_\_\_\_

Visual Acuities/Fields \_\_\_\_\_

Functional Limitations \_\_\_\_\_

Check all the following that apply to the individual being referred

Requires services to obtain or maintain employment

Requires services for training in alternative techniques (communications, travel, home making, etc.)

Has been informed of referral for SBVI services

Other relevant information for SBVI \_\_\_\_\_

\_\_\_\_\_

Mail, fax or email the information to the address below.

Department of Human Services  
Division of Service to the Blind & Visually Impaired  
Hillsview Plaza, 3800 E Highway 34  
c/o 500 East Capitol Avenue  
Pierre, SD 57501-5070  
Phone: 605-773-4644 FAX: 605-773-5483  
Email: [infosbvi@state.sd.us](mailto:infosbvi@state.sd.us)