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
Hillsviow 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