



State of Utah
 Division of Services of the Deaf and Hard of Hearing
Community Member
COMMUNICATION ASSESSMENT REFERRAL FORM

Please fill the form out. Somebody from DSDHH will be in touch soon.
 If you have any questions, please contact DSDHH.Cas@utah.gov.

***Client's Name:** _____

***Address:** _____

***Phone number:** - indicate which method (VP/Text/Voice) _____

***Email:** _____

***Hearing Status:**

Deaf (Severe to Profound)

Hard of Hearing

Deaf/Blind

***Primary Mode of Communication:** (ASL, Notes, PSE, etc.) _____

***What kind of communications issues this person or you are experiencing?**

Please email this to us at DSDHH.cas@utah.gov or fax to (801) 262-1381.

After initial appointment, allow up to 4 weeks to complete the Communication Assessment.

For people who are making the referral please fill out the information below. Please discard if you are making the referral for yourself.

Your name: _____

Referral Agency: _____

Phone Number: Indicate which method (VP/Text/Voice) _____

Email: _____

Equal Opportunity Employer/Program

Auxiliary aids (accommodations) and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.