



State of Utah  
Department of Workforce Services  
**ASSISTIVE TECHNOLOGY (AT) REFERRAL FORM**



**Complete as much information as possible and email to [ucat@utah.gov](mailto:ucat@utah.gov)**

**TYPE OR WRITE LEGIBLY**

Date of Referral: \_\_\_\_\_

**I.(a) Client Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

**I.(b) Demographic Information**

- Ethnicity:  American Indian and Alaska Native  Asian  
 Black or African American  Does not wish to self-identify  
 Hispanic or Latino  Information not available  
 Native Hawaiian or Other Pacific Islander  White

Date of Birth: \_\_\_\_\_

Gender:  Male  Female  Does not self-identify  Not available

**I.(c) Disability(ies)** (Cause if available): \_\_\_\_\_

**I.(d) Contact Person** (Other than client): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Client (Mark one):

- Parent  Spouse  Child  Caregiver  Other (Specify): \_\_\_\_\_

<b>II. Type of AT Service Requested:</b> (Mark <b>ALL</b> that apply)		<input type="checkbox"/> Transportation		
<input type="checkbox"/> Job- and/or home-site assessment		<input type="checkbox"/> Activities of Daily Living		
<input type="checkbox"/> Augmentative Communication		<input type="checkbox"/> Vehicle Hand Controls		
<input type="checkbox"/> Educational Assistance Technology	<b>For services below only:</b>	Height (in)	Weight (lb)	
<input type="checkbox"/> Alternative Computer Access		<input type="checkbox"/> Wheeled Mobility		
<input type="checkbox"/> Computer System Recommendation		<input type="checkbox"/> Other Mobility		
<input type="checkbox"/> PC Loan (VR clients only)		<input type="checkbox"/> Seating & Positioning		
<input type="checkbox"/> Other (Specify):				

**III. Purpose of Referral (Be specific; include functional limitations and vocational or independent-living goals):**

**IV. Other Information That Could Be Helpful to the AT Assessment Process:**

**V. Referring Agent Contact Information:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Office: \_\_\_\_\_

Other Agency Involvement (if known): \_\_\_\_\_

A proud partner of the  **americanjobcenter** network

***Equal Opportunity Employer Program***

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