



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



Complete as much information as possible and email to ucat@utah.gov
or fax to 801.974.5477

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): _____

II. Type of AT Service Requested: (Mark ALL 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	For services below only:	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): _____

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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.