PROJECT REACH: Illinois Deaf-Blind Services

Serving youth who are deaf-blind, their families, and their schools

Please return this form to:
Philip J. Rock Center & School
818 DuPage Blvd., Glen Ellyn, IL 60137
(630)790-2474/TTY/V(800)771-1158
FAX: (630)790-4893
Email: PRC@philiprockcenter.org

FORM A: INITIAL REFERRAL FOR DETERMINATION OF ELIGIBILITY FOR SERVICES

Child's Name: ___________________________________ Date of Birth: ___________________

Address: ___________________________ City:________________ State: ____ Zip: ____________

Home Phone: ___________________________ County: ___________________________________

School District/CFC: ____________________________ Current Program/School: ________________

Current Program Contact Name: __________________________ Phone Number: ________________

Parent(s)/Caregiver(s) Name(s): ____

Mother Father

Address: __________________________ City: ___________________ State: ___ Zip: __________
(if different from above)

Home Phone: _________________________ Work Phone: _______________________________

Email: ____

Primary language used in home: ____

Is there a legal guardian other than parents? ☐ Yes ☐ No

If yes… ____

Name Address City State Zip Phone Number

Cause of Deaf-Blindness (if known): ____

*Vision Status (if known): ____

*Hearing Status (if known): ____

*____ What is the date of the most recent vision diagnostic report.

*____ What is the date of the most recent hearing diagnostic report.

Name of person submitting referral: ____

Agency: ____

Address: ___________________________ City: ______________ State: ____ Zip: ________

Phone: ______________________________________ Date: _______________________

Email: ____

How do you know child? ____

What do you need help with? ____

Is there anything else you would like for us to know? ____________________________________

Was the referral a result of:

________ your receiving TA for another child?

________ your past knowledge of Project Reach services?

________ a recommendation by a colleague?

________ a recommendation by another family receiving Project Reach services?

________ attending a conference or training?

________ receiving information about Project Reach through the mail?

________ visiting the Project Reach Website

________ other ____

***A Deaf-Blind Specialist will be calling you to follow up on this request*.**