TEXAS WORKFORCE SOLUTIONS

Texas Workforce Commission
Vocational Rehabilitation Services

Orientation and Mobility (O&M) Referral

Customer Information (required)

VR Counselor or Independent Living Services for Older Individuals who are Blind (ILS-OIB) worker name:	Caseload Number:	Office Number: ( )
O&M Provider:	Date of Referral:	
Customer Name:	DOB:	Primary Language:
Customer Address:	City:	State: / ZIP Code:
Telephone Number: ( )	Alternate Contact: ( )	
Best Day(s) to Contact (if known):		
Customer's and/or VR Counselor or IL/OIB worker travel concerns:		

Reason for Request (required)

O&M Goal(s) of the Customer: *check box(s) below that may apply*

- ☐ Guided technique(s)
- ☐ Evaluation purposes only
- ☐ Orientation to home
- ☐ Orientation to surrounding community
- ☐ Basic indoor cane skills
- ☐ Residential travel
- ☐ Semi-business travel
- ☐ Negotiate stairs
- ☐ Orientation Skills with dog guide
- ☐ Use of Para transit
- ☐ Business travel
- ☐ Dog guide information
- ☐ Travel in familiar areas
- ☐ Travel to unfamiliar areas
- ☐ Unsure if O&M Skills are needed

Other O&M goals (please describe)

Circumstances that May Impact Services (required)

Visual Diagnosis:	Secondary Disability:

If secondary disability is deaf blindness, what is the customer's primary form of communication?

Helpful Information (complete if known)			
Level of Education:	Known Health Issues/ Safety Concerns:		
Visual Acuity:	OD:	OS:	Visual Fields:
Additional Information:			