blue name logo_transparent

**Fee for Service Referral Form**

Submit completed referral form to: [atp.vrforms@nebraska.gov](mailto:atp.vrforms@nebraska.gov)

**Submission of the Fee for Service Referral Form acknowledges the Fee for Service rates and**

**agreement to pay for any/all services rendered.**

|  |  |  |
| --- | --- | --- |
| Agency/School District | | Date |
| Consumer | | Date of birth |
| Address | | Phone |
| Cell Phone |
| City/State/Zip Code | | Email |
| Contact (other than consumer) | Phone | Age |
| Disability |
| Reason for Referral | | |
| Fee for Service Requested   1. AT Evaluation 2. Training on Specific Device/Software 3. Consultation Services 4. Job Site Evaluation (includes ergonomic evaluation) 5. Workshop/Seminar 6. Group Training/Training the Trainer | | |

|  |  |
| --- | --- |
| Send invoice to  Name  Agency  Address  City/State/Zip  Phone  Email  Address Book # if state agency | Send report to  Name  Agency  Address  City/State/Zip  Phone  Email |

11.2019