

**Fee for Service Referral Form**

Submit completed referral form to: 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.**

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| --- | --- |
| 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 Requested1. 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
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| Send invoice toNameAgencyAddressCity/State/ZipPhoneEmailAddress Book # if state agency | Send report toNameAgencyAddressCity/State/ZipPhoneEmail |

11.2019