



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.

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		

<u>Send invoice to</u>	<u>Send report to</u>
Name	Name
Agency	Agency
Address	Address
City/State/Zip	City/State/Zip
Phone	Phone
Email	Email
Address Book # if state agency	