



*Idaho Division of  
Vocational Rehabilitation*

## **Referral Form**

(This is **not** an application for VR services)

Date:

Customer's Name:

Phone:

Email:

Street Address:

City, State, Zip:

Please tell us why you are interested in VR Services.

How do your limitations affect employment?

Please return this form to your local IDVR office; VR offices are listed at [vr.idaho.gov](http://vr.idaho.gov).  
Someone will initiate contact within three (3) business days from date of receipt by VR.

Thank you!