



2755 Raintree Circle, Tallahassee, FL 32308

Phone/fax: 800-493-9810

E-mail: [Wendy@Dogwooddisability.com](mailto:Wendy@Dogwooddisability.com)

Website: [www.dogwooddisability.com](http://www.dogwooddisability.com)

Date of Referral: \_\_/\_\_/\_\_\_\_ Referred by: \_\_\_\_\_

Client Full Name: \_\_\_\_\_

Birthdate: \_\_/\_\_/\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ High School Diploma: \_\_\_Yes \_\_\_No

College/University: \_\_\_AA \_\_\_AS \_\_\_BS \_\_\_Graduate: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_

Okay to leave a message: \_\_\_Home \_\_\_Cell \_\_\_Work

Alternate Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Okay to leave a message: \_\_\_Yes \_\_\_No

Client E-mail: \_\_\_\_\_

Alternate E-mail: \_\_\_\_\_

Disability: \_\_\_\_\_

Congenital (Born with): \_\_\_\_\_ Acquired (After Birth): \_\_\_\_\_

Is your disability the result of an accident: \_\_\_ Yes \_\_\_ No Date of Accident: \_\_/\_\_/\_\_\_\_

Are you working with an attorney: \_\_\_Yes \_\_\_No Who: \_\_\_\_\_

Are you a client of the Division of Blind Services:  Yes  No

Are you a client of the Division of Vocational Rehabilitation:  Yes  No

Do you need an accommodation – Specify: \_\_\_\_\_

(If a requested accommodation cannot be provided, alternatives can be discussed)

Are you employed:  Yes  No  Full-time  Part-time  Self -Employed

Hours per week: \_\_\_\_\_ Title: \_\_\_\_\_

How long have you worked for current employer: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

If you are unemployed, are you interested in employment:  Yes  No

Are you applying for Social Security:  Yes  No

Do you receive Social Security:  Yes  No

Do you receive Short – Term Disability benefits:  Yes  No

Do you receive Long – Term Disability benefits:  Yes  No

Referral Questions (What concerns do you have about employment):

Ex: What are Peggy Sue’s transferrable skills?

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You may print this form and e-mail to: [Wendy@dogwooddisability.com](mailto:Wendy@dogwooddisability.com) or mail to:

Dogwood Disability Consulting  
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Tallahassee, FL 32308