REFERRAL FOR SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 264 (3-2026)

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When making a referral to Vocational Rehabilitation, please ensure that the individual being referred is aware of Vocational Rehabilitation and that a referral for services is being made. Vocational Rehabilitation reserves the right to release the contact information of the referring person to include the referrer's name, phone number, and email address when contacting the person being referred.

If the individual is under 18 or not their own guardian, please include the name and contact information of the guardian as well as the individual.

Client Name		Referral Date	
Address	City	State	ZIP Code
County	Client Telephone Number		
Client Email Address			
Guardian Name, if applicable	Guardian Telephone Number		
Guardian Email Address			
Reason for Referral and Other Relevant Information			

Name of Individual Making the Referral for Vocational Rehabilitation Services	
Email Address	Telephone Number

Send referral form to:

Vocational Rehabilitation
1000 E Divide Avenue
Bismarck, North Dakota 58501

Toll Free: 1-800-755-2745
Fax 1-701-328-1884
Email address: dhsvr@nd.gov