

## Person Submitting Referral

\_\_\_\_ Parent      \_\_\_\_ School Personnel  
\_\_\_\_ First Steps    \_\_\_\_ Other

Name of Person Submitting

Referral: \_\_\_\_\_

Agency/School: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How do you know this child?

\_\_\_\_\_  
\_\_\_\_\_

### Please return this form to:

Lisa Poff, Program Coordinator  
Indiana Deafblind Services Project  
Blumberg Center  
Indiana State University  
College of Education/University Hall  
401 N. 7th St., Room 009W  
Terre Haute, IN 47809



Indiana Deaf-Blind Services Project  
Blumberg Center  
Bayh College of Education, Room 009W  
401 N. 7th St.  
Terre Haute, IN 47809

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Blumberg Center

# Indiana Deaf-Blind Registry Referral Form



# Indiana Deaf-Blind Services Project Referral Form

## Who is eligible for services?

In order for a child and his or her family to qualify for our services the child must be between the ages of Birth through 21 years, have a combined vision and hearing loss, and be reported to our Indiana Deaf-Blind Registry. Students with hearing and visual impairments occurring together in any combination are considered to have deaf-blindness.

## Who can make a referral?

Any parent, family member, service provider, or educator may refer a child who is suspected of having both a vision and hearing impairment to the Project. After the referral is received, project personnel will verify that the child qualifies as deaf-blind and, if appropriate, add them to the Indiana Registry. The child's family, teachers, and related support personnel are then eligible for technical assistance. Registry information is completely confidential.

## How can I make a referral?

Anyone can refer a child/family to the project by either filling out the attached form or by contacting:

Lisa Poff, Program Coordinator  
Indiana Deaf-Blind Services Project  
Blumberg Center  
Bayh College of Education, 009W  
Indiana State University  
401 N. 7th St.  
Terre Haute, IN 47809

Lisa.Poff@indstate.edu  
800-622-3035



Visit the Project's  
website - [www.indstate.edu/  
blumberg/db/deafblind.htm](http://www.indstate.edu/blumberg/db/deafblind.htm)

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INDBServices](https://www.facebook.com/INDBServices)

Follow us on Pinterest - [http://  
www.pinterest.com/indbsp/](http://www.pinterest.com/indbsp/)

## Registry Referral Form

Child's Name: \_\_\_\_\_

Age of Child: \_\_\_\_\_

Vision (if known): \_\_\_\_\_

Hearing (if known): \_\_\_\_\_

Is there anything else you would like  
for us to know about this child?

## Family Contact Information

Parent's Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_