



Referral Form	
From: Department/Project:	Date Sent:
To: VRNA Department/Project: Vocational Rehabilitation for Native Americans Address: P.O. Box 760 Lac Du Flambeau, WI 54538 Phone: 800-472-7207 Fax: 715-588-2177 E-mail: mlonetti@glitc.org	Date Received:
Referral Information	
Person and/or agency making referral: Name: Agency: Address: <u>Phone Number(s)</u> : Work: Fax: E-mail: Date of Initial Contact: Type: _____ Phone _____ Letter/Fax _____ In person _____ E-mail _____ Other _____	Referral's Name: Physical Address: Mailing Address: <u>Phone Number(s)</u> : Home: Work: Cell: Message: Message Name: E-mail:
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