



Request for Volunteer Correspondent

Name _____ District _____

DOB _____ EIS # _____

Guardianship (name, contact info) _____

Address _____ City, State, Zip _____

Consumer. Home Phone _____ Had a Correspondent before? ☐ Yes ☐ No

Family Members Involved _____

Amount of involvement _____

Please list name and phone number of person(s) interested in becoming correspondent _____

Is this referral the result of a planning meeting? ☐ Yes ☐ No If so, date of meeting _____

Please attach a copy of the planning meeting report.

If this referral did not result from a planning meeting, please explain why there is a need for a Correspondent _____

Case Manager. Name _____ Phone _____

Address _____ Email _____

Consumer Profile. The person who needs a Correspondent should complete this section of this form. If you need help, please ask your case manager, a staff person or a friend to assist you. This form will be used to match you with a Volunteer Correspondent who most closely fits what you want. The Volunteer Coordinator may meet with you to go over additional information that will help with the matching process.

What are some of the things you might like to do with a correspondent? _____

Are there some special skills that you would like your correspondent to have?

☐ Use TTY or relay

☐ Know or learn sign language

☐ Be able to learn special signs and words

☐ Be able to learn Facilitated Communication

☐ Be able to help me use the restroom

☐ Be able to help me eat if we go out

Other; please explain _____

Do you have any special needs or any comments? _____

Please sign your name below so that we will know that you want a Volunteer Correspondent. If someone helped you with this form, please ask that person to sign also.

Signature _____ Date _____

Printed Name _____ Assistant's Signature _____

Printed Name _____ Assistant's Relationship to Consumer _____