# CLIENT REFERRAL FORM


## VOICE SOLUTIONS

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SPS # 2-02-99-01 ~ CA Small Business # 31765

| COUNSELOR INFORMATION | | | |
|---|---|---|---|
| Last Name | First Name | | Date |
| Address | | | Suite# |
| City | State | | ZIP |
| Phone | E-mail | | |
| Fax | District/Branch | | Title |

| CLIENT INFORMATION | | | |
|---|---|---|---|
| Last Name | First Name | | Date |
| Address | | | Unit # |
| City | State | | ZIP |
| Phone | E-mail | | |

| COMPUTER EQUIPMENT & ACCESSORIES | SERVICES |
|---|---|
| ☐ Computer System (Circle One): Laptop Desktop | ☐ Onsite Assistive Technology Evaluation |
| ☐ Printer or Scanner ☐ Laptop Carrying Case | ☐ Training – How many hours? _____ |
| ☐ Microsoft Office (Version): _____ | ☐ Technical Support |

**ASSISTIVE TECHNOLOGY**

| | | |
|---|---|---|
| ☐ Dragon Naturally Speaking v10 (circle) **Professional or Preferred** | ☐ OpenBook | ☐ SARA Reading Machine |
| ☐ JAWS | ☐ Kurzweil 1000 or 3000 | ☐ MAGIC Software **Standard or Professional** |
| ☐ WYNN Wizard | ☐ Optelec CCTV | ☐ PAC Mate |
| ☐ Zoomtext Magnifier/Reader | ☐ Braille Embosser | ☐ GPS System |

| ADAPTIVE NEEDS/OTHER: | |
|---|---|
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**PLEASE FAX THIS FORM TO OUR OFFICE FOR PROMPT PROCESSING. UPON RECIEPT, YOU WILL RECEIVE A CALL TO CONFIRM REQUEST AND REVIEW IN DETAIL. QUOTATION COMPLETED WITHIN 1-2 BUSINESS DAYS**