



Request for Deaf/Hard of Hearing and/or Vision Services

Requests should be made within 48 hours of Intake or IFSP/IFSP Review Meeting

To make a request please contact Sharlene Stowers at 540-450-1052, ext.4052 or fax to 540-450-1051. Requests can also be made online at www.grafton.org.
Note: Insurance Information, Family Cost Share, Physician Authorization, relevant medical records, Release of Information, and Current IFSP must accompany request.

Date of Request: _____ Date Request Received: _____
 Person/Agency Making Request: _____
 Phone Number: _____ Email: _____

Child's Name: _____ Date of Birth: _____
 Gender: ___M___F Race: _____ Family's Primary Language: _____
 If Yes, what language? _____

Parent/Guardian Name: _____
 First Contact Number: _____ Second Contact Number: _____

Address: _____

Insurance Company: _____ or Medicaid/FAMIS # _____

ICD 10 Diagnosis Code: _____

If this is request to participate in Assessment:

Date/Time: _____

Location: _____

IFSP Date _____ 30 Day Initial Visit _____

Service Requested	Frequency	Intensity