

VR Letter Templates

Referral – Unable to Contact

Date

Referral Name

Address

Dear,

My name is [insert name], Intake Specialist. I received an e-mail referral for services. {or other type of referral i.e. I received a referral for services for you from Dr. Eye. I received a referral for services for you from the School District.}

I have attempted to reach you by phone regarding this referral. Please find enclosed literature about IDB and our Vocational Rehabilitation Services to eligible citizens of Iowa.

My contact information is below. Please call if you have more questions about the services or wish to apply.

Sincerely,

Name

Intake Specialist

Iowa Department for the Blind

1-800-362-2587

1-515-281-1357

www.idbonline.org

[email address]

02 - Application – Release of Information to Eye Care Professional

Date

Insert Eye Care Professional Contact

Information

Re: Client name

Dear Records Department:

The above-named person has applied for services from the Iowa Department for the Blind. Attached please find a medical release signed by [indicate client or legal guardian name]. I am requesting a summary of your clinical record related to this individual.

With regard to eyesight, we are especially interested in best corrected visual acuity, visual fields, diagnosis and prognosis. Information regarding the individual's health as well as any other disabilities will be very useful in planning for vocational or other activities.

Sincerely,

Counselor
Rehabilitation Counselor

Enclosure: Consent to Release of Information form

02 - Application – Release of Information to University of Iowa

Date

Health Information Management
University of Iowa Hospitals
Release of Information
2072 SRF

200 Hawkins Dr.
Iowa City, IA 52242-1085

Re: Client name

Dear Health Information Management Department:

The above-named person has applied for services from the Iowa Department for the Blind. Attached please find a medical release signed by [indicate client or legal guardian name]. I am requesting a summary of your clinical record related to this individual.

With regard to eyesight, we are especially interested in best corrected visual acuity, visual fields, diagnosis and prognosis. Information regarding the individual's health as well as any other disabilities will be very useful in planning for vocational or other activities.

Sincerely,

Counselor
Rehabilitation Counselor

Enclosure: Consent to Release of Information form

02 - Application – Release of Information to Other Medical Doctor

Date

Insert Medical Professional Contact
Information

Re: Client name

Dear Records Department:

The above-named person has applied for services from the Iowa Department for the Blind. Attached please find a medical release signed by [indicate client or legal guardian name]. I am requesting a summary of your clinical record related to this individual.

Information regarding [Name]'s physical and mental health as well as any other disabilities will be very useful in planning for vocational or other activities. If there is a hearing or other sensory loss, please furnish complete information regarding it.

Sincerely,

Counselor
Rehabilitation Counselor

Enclosure: Consent to Release of Information form

02 - Application – Release of Information to School Team Members

Date

Name
Address

Re: Client name

Dear:

The above named individual recently applied for vocational rehabilitation services through the Iowa Department for the Blind. Attached, please find a release of information for your records.

I am requesting a summary of your records related to the individual. Information regarding the most recent Individualized Education Program, Low Vision Clinic Report, Expanded Core Curriculum Needs Assessment, Independent Living Skills Assessment, Orientation and Mobility Assessment, Learning Media Assessment, and any additional transition assessments will be helpful.

With regard to eyesight, I am especially interested in best corrected visual acuity, visual fields, diagnosis and prognosis as well as the individual's current attitude toward his vision loss, if available. Information regarding the person's health, as well as any disabilities, will be very useful in planning for vocational or other activities. If there is a hearing or other sensory loss, please furnish complete information regarding it. Thank you for your assistance.

Sincerely,

Counselor
Vocational Rehabilitation Counselor

Enclosure: Consent to Release of Information form

Life of case – Attempt to Contact

Date

Client Name
Address

Dear :

[1. Indicate circumstances, left state, not returned calls, etc.] Please call me at [phone number] as soon as possible. If I do not hear from you by [enter date], I will assume that you are no longer interested in receiving services from the Iowa Department for the Blind and I will have no alternative but to inactivate your case.

You have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 800-362-2587. You may also contact the IDB Director at 800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at: Iowa Client Assistance Program

**Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

TTY: 515-242-6172

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

08 – Closure – Not eligible

Date

**Client name
Address**

Dear :

When you applied for services, we discussed in order to be eligible for our services, you need to have a disability that creates a

substantial impediment to employment and that you require vocational rehabilitation services to be able to work. From the information and reports received, I was unable to document that you have a disability by our criteria. Based on this information, you do not meet the eligibility criteria of requiring vocational rehabilitation services to prepare for, enter, engage in, or retain employment, and your file is being closed. I invite you to submit any additional information regarding your impairment(s) if it might result in a reclassification.

You have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 1-800-362-2587. You may also contact the IDB Director at 1-800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at: Iowa Client Assistance Program

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Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

**08 – Closure – Not eligible, no contact
Date**

**Client name
Address**

Dear :

You have not responded to my attempts to contact you by telephone or by mail. Therefore, I have closed your case file.

You have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 1-800-362-2587. You may also contact the IDB Director at 1-800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

Should your situation change in the future, you are welcome to reapply for services.

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

26 – Closure – Rehabilitated

Date

**Client Name
Address**

Dear :

Congratulations on meeting your vocational goal! I am happy that IDB could be of assistance to you. This is to let you know your vocational rehabilitation case file is being closed.

If you do not agree with this, you have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 515-281-1333; or the IDB Director. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298
TTY: 515-242-6172

Should your situation change in the future, you are welcome to reapply for services. Also, if job issues arise, please contact me at [phone number].

Sincerely,

Counselor
Vocational Rehabilitation Counselor

28 – Closure – Not Rehabilitated, did not reach goal
Date

Client name
Address

Dear :

This is to let you know your vocational rehabilitation case file is being closed since we were unable to achieve the goals on your employment plan.

If you do not agree with this, you have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 1-800-362-2587. You may also contact the IDB Director at 1-800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

Should your situation change in the future, you are welcome to reapply for services. Also, if job issues arise, please contact me at [phone number].

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

**28/30 – Closure – Not Rehabilitated, no contact
Date**

**Client name
Address**

Dear :

You have not responded to my letter dated [insert date]. This letter explained to you that if you did not contact me by [insert date], your Vocational Rehabilitation file would be closed. Since I have not heard from you, this letter is to inform you that your file has been closed.

You have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 1-800-362-2587. You may also contact the IDB Director at 1-800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

Should your situation change in the future, you are welcome to reapply for services.

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

30 – Closure – Plan not implemented

Date

**Client Name
Address**

Dear :

1. Indicate specific circumstances per client's individual case. As agreed, your case file has been closed.

You have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 1-800-362-2587. You may also contact the IDB Director at 1-800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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Iowa Commission of Persons with Disabilities
Department of Human Rights
Lucas State Office Building
Des Moines, Iowa 50319
Phone: 515-281-8088 or 1-800-652-4298**

Should your situation change in the future, you are welcome to reapply for services. Also, if job issues arise, please contact me at [phone number].

Sincerely,

**Counselor
Vocational Rehabilitation Counselor**

Client Transfer Letter

Date

**Client name
Address**

Dear Client:

[Statement/reason if needed – retirement, resignation, etc.]

This letter is to share with you that your IDB Vocational Rehabilitation case is being transferred to [counselor name]. This transfer will be effective on [date]. [Counselor] will work with you on your employment goals. [Counselor] will be a great resource for you as you continue with your [education/training] and career plans.

Here is [Counselor]'s Contact Information:

]Counselor Name]

Vocational Rehabilitation Counselor

Iowa Department for the Blind

[address]

Phone: [xxx-xxx-xxxx]

Email: [\[email\]@blind.state.ia.us](mailto:[email]@blind.state.ia.us)

If you have any questions or concerns, you can also call the Department at 1-800-362-2587 and ask to speak with Keri Osterhaus, VR Program Supervisor. If you have any concerns with this change you may also contact the Client Assistance Program at 1-800-652-4298.

Sincerely,

Counselor

Vocational Rehabilitation Counselor

Client - Attempt to contact - Meeting Date Established

Date

Client Name

Address

Dear :

It has been some time since you have been in contact with a counselor at the Iowa Department for the Blind (IDB). In order for IDB's Vocational Rehabilitation program to assist you in reaching your vocational goal, it is vital that we maintain contact, review your plan for employment and discuss ways IDB can assist you in reaching your employment goals.

We have attempted to contact you by phone and have been unsuccessful. Therefore, I have scheduled an appointment for you on _____(date/time)_____ at the Iowa Department for the Blind, 524 4th Street, Des Moines, Iowa 50309. If you can only meet by phone on this date, please call me at 515-*-**** at the scheduled time and we will move forward from there.**

If this time is not convenient for you, please call 515-*-****. I would be happy to reschedule. If you do not attend your appointment or contact me by the appointment date, I will take the necessary steps to close your file.**

If your case file is closed, you have the right to request mediation or appeal this action and may do so by contacting me; or my supervisor, Keri Osterhaus at 524 4th Street, Des Moines, IA 50309, or contact over the phone at 800-362-2587. You may also contact the IDB Director at 800-362-2587. Any request for mediation or appeal must be filed within 90 days of the date of this letter. You may also contact the Iowa Client Assistance Program (ICAP) for help with mediation or an appeal. ICAP is located at:

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TTY: 515-242-6172**

If your file is closed and you wish to receive Vocational Rehabilitation services in the future, you will need to reapply for services.

I look forward to hearing from you soon.

Sincerely,

Name

Title

Post-secondary Training Reminder Letter

Date

Dear Student,

I hope you are doing well! I am writing to share two reminders regarding the Iowa Department for the Blind's requirements around post-secondary training support. The first is for you to send me a copy of your grade transcript for Fall 20-- as soon as you receive it. The timely submission of grade transcripts each term is one of your responsibilities as a client of the Iowa Department for the Blind.

The second reminder concerns application for financial aid. If you are planning to attend college during the 20--- 20-- academic year, now is the time for you to make such application. By law, clients of federally funded rehabilitation agencies, such as the Iowa Department for the Blind, are required to apply for financial aid before that agency can provide them with financial help. Rehabilitation funds can only be expended when other resources (comparable benefits) are not available. In other words, you must make

maximum effort to find additional funding. All refunds for financial aid that you receive must be returned to the Iowa Department for the Blind until it is confirmed that the tuition has been paid.

At a minimum, you must apply for a Pell grant from the Federal Government and for whatever scholarships and grants may be available from the training institution you plan to attend. Pell grants are available to part-time and full-time undergraduate students. The awards are based on financial need. If you or your parents have considerable resources, you may not qualify but you must still apply. To apply for the Pell grant and other types of student aid for which you may be eligible, you will need to fill out the Free Application for Federal Student Aid form. The website is: <https://fafsa.ed.gov/>

When you have received your award letter, you must send a copy of it to me, even if you were denied aid. This letter verifies that you have fulfilled your obligation to apply for financial aid. Without this documentation, I cannot authorize funding to pay for your tuition or any other related training costs. If that happens, you will be fully responsible for the costs connected with your training. For your convenience we are including a list of financial aid and scholarship resources.

For the 20-- Spring Term, the following information needs to be received by me no later than January 1st:

- 1. The amount of financial aid that has been awarded to you for the Spring 20-- term. A copy of the award letter is needed.**

- 2. Beginning and ending dates for the spring term.**
- 3. Cost per credit hour.**
- 4. Documentation that you are enrolled as a full-time student.**
- 5. Your best estimate of the number of Reader Service hours needed.**
- 6. Copy of the required book list for classes, including a total cost of the required books and supplies.**
- 7. Updated student progress reports, grade report or unofficial transcript, current as of December 1.**
- 8. The name and address of the school you are attending.**

The spring authorization letter will not be sent out until we have a copy of your fall grades. You must have maintained a 2.5 GPA to receive funding for the spring term. If your GPA is below 2.5, and you wish to continue for the spring term, you must arrange an appointment with me and Keri Osterhaus, Vocational Rehabilitation Program Administrator.

We are determined to help you make this spring semester a successful one by getting off to a good start ahead of time. Please let me know if you have any questions or concerns and we will work together to find solutions.

Sincerely,

Rehabilitation Counselor

Financial Aid Resources:

1. **[FAFSA on the Web](#)** is the official site of the *Free Application for Federal Student Aid (FAFSA®)*. Every IDB-sponsored college student must apply for the FAFSA.
2. **[Federal Student Aid](#)**—The U.S. Department of Education's office of Federal Student Aid provides more than \$150 billion in grants, loans, and work-study funds for college or career school each year. Call the Federal Student Aid Information Center toll-free: 1-800-4-FED-AID (1-800-433-3243). TTY for the hearing-impaired: 1-800-730-8913.
3. **[McGregor Scholarship](#)** - This scholarship program provides financial assistance to students in Iowa who are blind/have significant vision loss. Awards are generally awarded in the amount of \$1,250 per academic semester with a maximum of \$2,500 per academic year.
4. **[National Federation of the Blind Scholarships](#)** - The NFB offers scholarship awards to up to 30 legally blind candidates on an annual basis. The awards vary from \$3,000 to \$12,000 per recipient. Recipients must attend the NFB Annual Convention.
5. **[American Foundation for the Blind Scholarships](#)** - The AFB offers scholarships for legally blind students. These one-time awards typically vary between \$500 and \$2,500 per recipient. Applications are usually available

in mid-December, and the rolling deadline for all AFB scholarships is April 1.

6. [**American Council for the Blind Scholarships**](#) - The ACB offers several one-time scholarships every year. The amounts typically vary between \$1,000 and \$3,000 per recipient; the rolling deadline is March 1.
7. [**Jewish Guild for the Blind Scholarship**](#) - College-bound students may receive up to \$15,000 through this one-time scholarship program. Proof of legal blindness and U.S. citizenship are required.
8. [**Mary P. Oenslager Scholastic Achievement Award**](#) - This award is available to any blind individual who is both a current member of Learning Ally and enrolled or planning to enroll in an accredited college program. Awards range from \$2,000 to \$6,000.
9. [**Arthur E. and Helen Copeland Scholarships**](#) - These two scholarships are available for current members of the United States Association of Blind Athletes.