

VIRS Consumer Profile Form
(Short Version)

Date: _____

Please complete this form so that we can find interpreter(s) that best match your needs.

| | |
|-----------------------------------|--|
| MY INFORMATION: | |
| Name _____ | Under 18? Yes / No |
| Email (optional) _____ | Pager/TTY (optional) _____ |
| Videophone (optional) _____ | |
| I am: | |
| Deaf ___ | Hard of hearing ___ |
| Late deafened ___ | Oral deaf ___ |
| Deaf/blind ___ | |
| Deaf with a vision impairment ___ | Hearing but unable to speak verbally ___ |

Interpreters I prefer to use:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Interpreters I prefer NOT to use:

1. _____
2. _____
3. _____