

VIRS Consumer Profile Form

Date: _____

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

MY INFORMATION:				
Name _____	Under 18? Yes / No			
E-mail (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 ___		

What I want (check all that apply):

ASL interpreter ___ English interpreter ___ Oral interpreter ___ Deaf/blind interpreter ___
Deaf and vision impaired interpreter ___ Certified Deaf Interpreter (CDI) ___ CART ___
Foreign language interpreter ___

Interpreters I prefer to use: (put for what kind of special situations- such as meetings, trainings, medical situations, conferences, etc.)
Put in order of 1st choice, 2nd, etc.

Example:

Doctor appts _____ 1) Interpreter name 2) Interpreter name 3) Interpreter name

_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____
_____	1) _____	2) _____	3) _____

Interpreters I prefer **NOT** to use:

1) _____ 2) _____ 3) _____
4) _____ 5) _____ 6) _____

(more on back)

CART Providers I prefer to use:

1) _____ 2) _____ 3) _____ 4) _____

Additional information about myself that I would like VIRS to know:

All completed forms may be returned to:

VIRS
130 Austine Drive, Suite 110
Brattleboro, VT 05301
802-258-9564 (fax)
virs@sover.net (email)

For additional information, visit our website at www.virs.org.