

DEPARTMENT OF WORKFORCE SERVICES

DIVISION OF VOCATIONAL REHABILITATION

Application Worksheet



APPLICANT INFORMATION

| | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------------------------|------------------------------|-----------------------------|-----|
| Last Name | | First | | M.I. | Date of Birth | |
| Street Address | | | | Apartment/Unit # | | |
| City | | | State | | | ZIP |
| Mailing Address | | | City | State | ZIP | |
| Phone | | | Alt Phone | | | |
| Social Security Number | | | E-mail Address | | | |
| Are you a citizen of the United States? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| Have you ever received services from DVR? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? | | | |
| Have you ever been convicted of a felony? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain | | | |
| How did you learn about DVR? | | | | | | |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to identify | | | | | | |
| Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Hispanic Descendent | | | | | | |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated | | | | | | |
| Current Living Arrangement: <input type="checkbox"/> Private Residence <input type="checkbox"/> Group Home <input type="checkbox"/> Rehabilitation Facility <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Halfway House <input type="checkbox"/> Substance Abuse Center <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Other | | | | | | |

DISABILITY INFORMATION

What disability/impairment do you have that interferes with your ability to work?

How can DVR assist you with returning to, or maintaining employment?

EDUCATION

| | | | | | | |
|----------------------------------------------------|----|-------------------------|------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|
| High School | | Highest grade completed | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Did you receive services under an IEP or 504 Plan? | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Are you interested in PreETS services YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| College | | Major | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters <input type="checkbox"/> Ph.D. | |
| Other | | | | | | |
| From | To | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |

FINANCIAL INFORMATION

How are you currently supporting yourself? (Amount if receiving)

- SSI Aged \$ _____
 SSI Blind \$ _____
 SSI Disabled \$ _____
 SSDI \$ _____
 Employment \$ _____
 Friends/Family \$ _____
 TANF \$ _____
 General Assistance \$ _____
 VA Benefits \$ _____
 Worker's Comp \$ _____
 Unemployment Insurance \$ _____
 Other Public Support \$ _____

Do you have Medical Insurance from one of these sources?

- Medicaid
 Medicare
 Private Medical Insurance through other Means
 Private Medical Insurance through Own Employment
 Public Insurance from Other Sources
 State or Federal Affordable Care Act Exchange
 Not yet eligible for Insurance through current employment
 Private Insurance through other means

ALTERNATE CONTACT

| | | | |
|-----------|--|----------------|----------------------------------------------------------|
| Full Name | | Relationship | |
| Phone | | Legal Guardian | YES <input type="checkbox"/> NO <input type="checkbox"/> |

MILITARY SERVICE

| | | |
|-------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |

If other than honorable, explain

EMPLOYMENT HISTORY

| | | | |
|------------------|-----------------|--------------------|------------------|
| Employer | Phone | | |
| Address | Supervisor | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| Employer | Phone | | |
| Address | Supervisor | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| Employer | Phone | | |
| Address | Supervisor | | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |