(Office Use Only) Case ID Number:	

Nevada Vocational Rehabilitation
A Proud Partner of American Job Center of Nevada
At Work for Disability Inclusion

Application for Vocational Rehabilitation Services

APPLICANT INFORMATION			
Social Security Number:		Birthdate:	
Last Name:		First Name:	
Middle Name:			
Previous Last Name (If applicable):		Previous First Name (If applicable):	
Gender:	■ Female ■ Male	E-mail:	
Home Address:			
Apt #:		City:	
Zip Code:		County:	
Mailing Address: (If different)			
Apt #:		City:	
Zip Code:		County:	
Phone:		Cell /Alternative:	

(Office Use Only) Application Received By:	
_____ Agency Representative Signature	_____ Date Received

RACE / ETHNICITY (select all that apply)		
■ American Indian or Alaskan Native	■ Asian	■ Black or African American
■ Hispanic or Latino	■ Native Hawaiian or Other Pacific Islander	■ White or Caucasian
■ Does not wish to self-identify		

LANGUAGE ABILITIES			
English Reading:	■ Functional	■ Limited	■ Unknown
English Speaking:	■ Functional	■ Limited	■ Unknown

COMMUNICATION ACCOMMODATIONS			
■ American Sign Language	■ Braille	■ English	■ Spanish
■ Other Language	■ Audio Tape	■ Electronic File	■ Large Print

VETERAN STATUS			
Are you a veteran?	■ Yes ■ No	Discharge Type:	

CURRENT LIVING ARRANGEMENTS			
■ Community Residential / Group Home	■ Correctional Facility	■ Halfway House	■ Homeless / Shelter
■ Mental Health Facility	■ Nursing Home	■ Private Residence	■ Rehabilitation Facility
■ Other	■ Substance Abuse Treatment Center		

VOTING STATUS		
■ Currently Registered	■ Not Registered, NOT Interested in Registering	■ Not Registered, INTERESTED in Registering
■ Not Eligible to Register	■ Other	

MARITAL STATUS		
■ Divorced	■ Married	■ Never Married
■ Separated	■ Single	■ Widowed

CITIZENSHIP			
United States Citizen?	■ Yes ■ No		
IF NOT US CITIZEN: LEGAL STATUS TO WORK IN US			
■ Permanent	■ Immigrant Worker	■ Nonmigrant	■ Student/Exchange
■ Visitor	■ Temporary	■ Worker	■ Temporary Visitor for Business
SCHOOLING			
Currently Enrolled in School?	■ Yes ■ No	Current Grade:	
School Name:		School County:	
Have you ever had a 504 plan or IEP?	■ Yes ■ No		
Highest Level of Education Completed:			

IDENTIFICATION VERIFICATION

List A: Provide One Item from This List

- United States Passport
- Certificates of United States Citizenship
- Certificate of Naturalization
- Alien Registration Card with Photograph
- Unexpired Foreign Passport with Attached Employment Authorization

OR

Lists B and C: Provide One Item from List B AND One Item from List C

List B:

- State Issued Driver's License or State ID Card with Picture and Information (Name, Sex, Birthdate, Height, Weight, and Eye Color)
- US Military ID Card

AND

List C:

- Original Social Security Card to be Witnessed at intake
- Birth Certificate Issued by State, County, or Municipal Authority
- Unexplored INS Employment Authorization

Personal ID Type:		Personal ID Number:	
Personal ID Type:		Personal ID Number:	

Who referred you to VR?	

HOUSEHOLD INFORMATION

Number in Family:		Number of Dependents:		Gross Monthly Family Income:	

PRIMARY SOURCE OF SUPPORT

Public Support	SSI:	$	SSI Payment Start Date:	
	SSDI:	$	SSDI Disability Onset Date:	
	VA:	$	General Assistance:	$
	TANF:	$	Unemployment:	$
	Workers Comp:	$	Other:	$

Employment Earnings:	$	From Family and Friends:	$	Other Personal Income:	$

MEDICAL INSURANCE

☐ Affordable Care Act Exchange	☐ Medicaid	☐ Medicare	☐ None
☐ Private insurance through employer	☐ Private insurance through employer PENDING	☐ Other private insurance	☐ Public insurance

WORK HISTORY (bring resume if you have it)

1) Employer:		Dates (start/end):	
Job Title:			
Reason for Leaving:			
2) Employer:		Dates (start/end):	
Job Title:			

Reason for Leaving:			
3) Employer:		Dates (start/end):	
Job Title:			
Reason for Leaving:			
JOB INTERESTS			
1st Choice:			
Why?			
2nd Choice:			
Why?			
Hobbies:			
Volunteer Work:			
ADDITIONAL / EMERGENCY CONTACTS			
1) Name:		Relationship to You:	
Phone/fax:		Email:	
2) Name:		Relationship to You:	
Phone/fax:		Email:	

ARE YOU WORKING WITH ANY OTHER AGENCY? (select all that apply)			
☐ Adult and Youth Formula Program – DOL	☐ Adult Education and Literacy program – DOE	☐ American Indian VR Services Program	☐ Centers for Independent Living
☐ Child Protective Services	☐ Community Rehabilitation Programs	☐ Consumer Organizations or Advocacy Groups	☐ Educational Institutions (elementary/ secondary)
☐ Educational Institutions (post-secondary)	☐ Employers	☐ Employment Networks	☐ EDS/JobConnect
☐ Federal Student Aid (Pell, SEOG, Work Study)	☐ Intellectual and Developmental Disabilities Agency	☐ Medical Health Provider (Public/Private)	☐ Mental Health Provider (Public/Private)
☐ One-Stop Operators	☐ Other DOL Programs Authorized by WIOA	☐ Other Sources	☐ Other State Agencies
☐ Public Housing Authority	☐ Social Security Administration	☐ State Dept. of Corrections/ Juvenile Justice	☐ Ticket to Work
☐ Veteran's Benefits Administration	☐ Welfare Agency (state or local)	☐ Workers Compensation	

PERSONAL SURVEY
How can the Bureau be of assistance to you?
What employment related services are you seeking?

What is your primary medical/mental/physical limitation that affects your ability to work? Please describe.			
Date of onset?			
CURRENT TREATMENT PROVIDER(S)			
1) Name of Provider:		Date of Treatment:	
Address:		City, State:	
Zip Code:	Phone number:		
Reason for Treatment:			
2) Name of Provider:		Date of Treatment:	
Address:		City, State:	
Zip Code:	Phone number:		
Reason for Treatment:			
3) Name of Provider:		Date of Treatment:	
Address:		City, State:	
Zip Code:	Phone number:		
Reason for Treatment:			

CONFIDENTIAL PERSONAL INFORMATION

The Bureau of Vocational Rehabilitation (Bureau) is a state and federally funded agency that assists persons with disabilities in achieving or maintaining employment. I understand that it is necessary for the Bureau to collect personal information in connection with my rehabilitation program.

- I understand that my eligibility and/or provision of services may be impacted if I refuse to provide personal information that is requested by the Bureau.

- I understand that my personal information will be held confidential by the Bureau and will not be disclosed to any other person or entity except as noted in the Information and Disclosure Form.

Section 501(b) of the Workforce Innovation and Opportunity Act of 2014; Section 12c of the Rehabilitation Act of 1973 as amended; 29USC711c and 721(a)(6)(A); 34CFR361.38; NRS 426.573, 426.610, 432B.220, 615.280, 615.290, and 629.061.

INACCURATE OR MISLEADING INFORMATION

If you believe that information in your record of services is inaccurate or misleading, you may request that the Bureau amend the information. If the information is not amended, the request for an amendment must be documented in the record of services.

LIABILITY OF STATE FOR THIRD PARTY ACTIONS

The Bureau their officers, agents, employees, and elected and appointed officials are not responsible in any matter for damages caused to a client by third-parties, including but not limited to, vendors on an approved list maintained by the Bureau, and hereby specifically disclaim any liability therefore. In addition, the Bureau will not waive and intends to assert available NRS Chapter 41 liability in all cases.

SHARING OF INFORMATION WITH GOVERNMENT ENTITIES

I expressly give my permission for information about me to be shared within the Nevada Department of Employment, Training and Rehabilitation (DETR) and Nevada Department of Education (DOE) as it relates to the administration of the Vocational Rehabilitation program; and to the core programs under the Workforce Innovation and Opportunity Act (WIOA) including DETR, DOE, and the Local Workforce Development Boards and the Division of Welfare and Supportive Services (DWSS) for the purposes of coordinating services and comparable benefits. I also understand that Vocational Rehabilitation will have access to information on my Social Security Disability Determination and my employment records.

ACKNOWLEDGEMENT OF ACCEPTANCE

Please Initial applicable boxes below and sign the end of the application.

_____ I have been provided the agency's Information and Disclosure Form and informed of:

- My opportunity for review of decisions made by my Rehabilitation Counselor regarding my application, eligibility and the furnishing or denial of service if I do not agree with the decision. This includes information on the Client Assistance Program and the steps I need to take to request a formal appeal of agency decisions.
- My Bill of Rights and Responsibilities.
- The professional qualifications of VR Counselors. I agree to enter into a rehabilitation counseling relationship at this time.
- The protection, use, and release of personal information and the conditions under which my personal information may be released without my written consent.
- The risks of electronic communication. I agree to the exchange of information regarding myself through the following methods (initial all that apply)

Telephone: _____Text

Telephone: _____Detailed Voice Message (VM) _____VM to Return Call ____No VM

Email: _____Email Communication _____Do Not Email

Fax: _____Fax _____Do Not Fax

Mail: _____To The Address On File Only _____To The Care Of My Listed Contacts

_____ I will not be discriminated against by the Rehabilitation Division on any prohibited basis. I have signed and received a copy of the Equal Opportunity is the Law notice. I have been informed and a signed copy will be retained in my case file.

In making this application for vocational rehabilitation services, I acknowledge, understand, and agree that:

_____ I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.

_____ VR is largely funded by the federal government and is evaluated on criteria such as the percentage of people who gain work skills or earn credentials (such as a college degree) as well as the percentage of people who maintain employment and earn wages after their case is closed. In order to provide this information, VR must collect data regarding your employment, wages, and credentials obtained. Thus, VR staff or an automated personal assistant called "SARA" may contact you throughout the duration of your case and for up to a year and a half after your case closes. It is important that you respond to these contacts and provide the requested documentation.

_____ It is my responsibility to inform my counselor of any changes related to this application, such as changes in my address, income, or employment.

_____ There is no cost for services provided directly to me by VR staff. I will be asked to furnish financial information and my financial needs will be taken into consideration when determining my participation in the costs of services that VR must purchase from other entities.

_____ If VR pays for goods or services for which I am financially responsible, I agree to reimburse VR the portion of the costs for which I am responsible.

_____ I agree to provide accurate financial information and abide by the following conditions:

- All goods and services funded by VR are intended to assist me to complete IPE (Individualized Plan for Employment) objectives so that I can obtain and maintain employment. I agree to be honest regarding my vocational needs when requesting funding for goods and services, and to use the goods and services purchased by VR in a responsible manner for the purposes intended.
- I will not use, or allow others to use, goods and services purchased by VR on my behalf in a manner that would make them unavailable for VR services or that would compromise my ability to use them in the manner intended.
- I will abide by and be held accountable for all policies related to the use of VR funds on my behalf.
- I will provide all documentation required by VR. For example, receipts, mileage logs, grades reports, signed acknowledgements of receipt of goods and services (RD-87s), etc.

VR will not pay for or reimburse me for any service for which my counselor has not issued a written authorization for purchase (note: verbal agreement to provide a service or inclusion of a service on my individualized plan for employment does not constitute a written authorization for purchase).

VR may recover funds for items purchased without authorization or agency approval and VR funds spent on items for which I was financially responsible. Inappropriate use of goods or services funded by VR or failure to provide required documentation; such as mileage logs, RD-87s, and/or receipts may result in suspension of services, a requirement to reimburse VR for the goods and services, return of the goods, and/or case closure. If funds are still owed to VR from a previous case, new services may be suspended until VR is reimbursed. Knowingly and deliberately withholding, concealing or misrepresenting information to obtain or attempt to obtain VR services or funding may be fraud. Serious cases of fraud or intent to commit fraud may result in immediate case closure and/or a report to law enforcement may be filed seeking criminal prosecution.

_____ Applicant Signature	_____ Date
_____ Parent / Guardian / Legal Rep Signature	_____ Date
_____ Signature of Individual who filled out application if different from above	_____ Date
Parent/ Guardian / Legal Rep Address:	
E-mail Address:	
Phone:	