

**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			
Phone			Alt Phone				
Social Security Number			E-mail Address				
Are you a citizen of the United States?		YES	NO	If no, are you authorized to work in the U.S.?		YES	NO
Have you ever received services from DVR?		YES	NO	If so, when?			
Have you ever been convicted of a felony?		YES	NO	If yes, explain			
How did you learn about DVR?							
Gender:    Male    Female    Choose not to identify							
Race/Ethnicity:    Caucasian    African American    American Indian or Alaska Native    Asian    Native Hawaiian/Pacific Islander Hispanic Descendent							
Marital Status:    Single    Married    Widowed    Divorced    Separated							
Current Living Arrangement:    Private Residence    Group Home    Rehabilitation Facility    Mental Health Facility    Nursing Home Correctional Facility    Halfway House    Substance Abuse Center    Homeless/Shelter    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	NO	Degree		
Did you receive services under an IEP or 504 Plan?		YES	NO	Are you interested in PreETS services		YES	NO
College		Major					
From	To	Did you graduate?	YES	NO	Associates	Bachelors	Masters    Ph.D.
Other							
From	To	Did you graduate?	YES	NO	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

**ALTERNATE CONTACT**

Full Name		Relationship	
Phone		Legal Guardian	YES NO

**MILITARY SERVICE**

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

**EMPLOYMENT HISTORY**

<b>Employer</b>	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving
<b>Employer</b>	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving
<b>Employer</b>	Phone
Address	Supervisor
Job Title	Starting Salary \$ Ending Salary \$
Responsibilities	
From To	Reason for Leaving