

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			