

* Indicates a required field

1. Agency Information

* Caseload	* Case Number	* Application Date
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2. Applicant Information

* First Name	MI	* Last Name	
* Referral Date	SSN	Did not disclose	* Date of Birth
Referral Source			
* Referral Source Type			
* Reported Impairment			
* Reported Impairment Cause			
* Primary Address			
* City	* State	* Zip Code	County
Mailing Address (if different from Primary Address)			
City	State	Zip Code	County
Other Address (such as school/dorm address or other)			
City	State	Zip	County
Email Address		Alternate Email Address	

Primary Phone Number	Primary Phone Comment		
Alternate Phone Number	Alternate Phone Comment		
Secondary Contact Name		Secondary Contact Phone Number	
Secondary Contact Email Address		Secondary Contact Comment	
* Legally Eligible to Work in U.S.?	* Active Military Duty		

3. Demographic Information

* Race *(select all that apply)*

American Indian or Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

Did not self-identify

* Ethnicity	* Gender
* Primary Impairment	
* Primary Impairment Cause	
* Secondary Impairment	
* Secondary Impairment Cause	

4. Education

* Highest Level of Education			
* Currently Student in School?	If yes, name of school		
Current Grade/Level		Credit Hours	Expected Graduation Date
* Student in Secondary Education?			Secondary Student ID

5. Skills, Preferences & Current Employment

Training/Skills/Certifications		Job Preferences	
* Current Employment Status			
O*NET SOC Code	Hourly Wages	Hours Worked	Weekly Earnings

6. Employment History

Current or Most Recent Employer <i>(if you have never been employed, skip to next section, Other Information)</i>			
Job Title		O*NET SOC Code	
Hourly Wage	Hours/Week	Start Date	End Date
Reason for Leaving			
Previous Employer <i>(if you have never held more than one job, skip to next section, Other Information)</i>			
Job Title		O*NET SOC Code	
Hourly Wage	Hours/Week	Start Date	End Date
Reason for Leaving			

7. Other Information

* Driver's License	* Primary Mode of Transportation		
* Veteran Status	* Voter Registration	If registered here, date mailed?	
* Living Arrangements		* Offender Status	
* Primary Source of Support at Application?			

8. Social Security Program Information

* Assignable Ticket-to-Work?	* Is Ticket Assigned?
Assigned Ticket Entity	* Drawing Benefits from another earner?
* SSI Status	* SSDI Status

9. Public Support | Medical Insurance | Comparable Benefits

Public Support. (Select all forms of public support. Include the dollar amount for each that the applicant receives.)

Type of Support	Amount
SSI	
KTAP	
General Assistance	
SSDI	
Veteran's Disability	
Worker's Comp	
Unemployment Insurance (UI)	
Other	
Total	

Medical Insurance (select all that apply)

Medicaid	Public/Other Sources	Private – Other
Medicare	Private – Employer	
State/Federal Affordable Care Act	Private – Pending	

Comparable Benefits *(select all that apply)*

Community Mental Health	Qualified Medical Beneficiary	Other Unemployment Insurance
Michelle P/SCL/Other Waiver	Veteran's Administration	Other
Pell	Worker's Comp	

10. Assurances and Signatures

I give permission for OVR to use SMS/text messaging to communicate with me at the number found on this form.

I give my permission for OVR to use email to communicate with me at the email address found on this form.

- * I understand I will not be denied services based on sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.
- * I understand the need for the Office of Vocational Rehabilitation (OVR) to collect information about me and authorize release of any medical, psychological, educational, or other information to OVR. I have been provided with a copy of the "Consumer Guide" which contains a written description of the program and my right and responsibilities.
- * The information I have given is true to the best of my knowledge and I hereby request OVR services. I understand that my signature signifies my intent to work after completion of OVR services.



OVR Counselor Signature

Date (MM/DD/YYYY)



Applicant Signature

Date (MM/DD/YYYY)



Parent/Legal Guardian Signature *(if applicable)*

Date (MM/DD/YYYY)

Signing as: Parent, applicant under 18 years of age Legal Court Appointed Guardian