**Application for Vocational Rehabilitation Services**

**Is Vocational Rehabilitation the right program for you?**

Some brief information about the Vocational Rehabilitation (VR) program might help you decide whether to apply for services.

- VR serves people with any type of permanent physical, intellectual or mental disability.

- VR is an employment program. The purpose of VR is to help Kansans with disabilities become employed. We may also be able to provide services to help you keep the job you already have if your disability is causing difficulties for you at work.

- You must apply for services and be found eligible in order to receive services. After you apply, our staff will determine if you have a disability that is a significant impediment to employment, and if you require VR services to become employed. You may be asked to provide additional information about your disability, medical services and employment history to help determine if you are eligible.

- If you are eligible for services, a counselor will work with you to develop an Individual Plan for Employment (IPE). The IPE will list your employment goal and the services you will receive. The counselor will help you look at your employment options so you can make informed choices about the type of work you want to seek.

- Services are individualized according to each eligible person’s unique rehabilitation needs, disability and employment goal.

- You may be asked to help pay for some services if it is determined that you or your family have the financial resources to do so.

If you have a disability and you want to work, start your road to employment today by completing this application for VR services. If you need help to answer any of these questions, please ask VR staff for assistance.
### Information about you

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE INITIAL</th>
<th>SOCIAL SECURITY NUMBER</th>
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**Previous Last Names Used, Such as Maiden Name or Married Names**

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**Current Street Address**

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<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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**Mailing Address (If Different)**

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<td>Zip Code</td>
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**Date of Birth**

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**Phone Number**

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**Cell Phone Number**

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**County of Residence**

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**Email Address**

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**Contact Person’s Name and Phone Number** (Someone who would be able to give you a message)

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**Gender**

- MALE
- FEMALE

**Marital Status**

- SINGLE
- MARRIED
- SEPARATED
- DIVORCED
- WIDOWED

**Race**

- WHITE
- BLACK OR AFRICAN AMERICAN
- AMERICAN INDIAN OR ALASKA NATIVE
- ASIAN
- NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

**U.S. Citizen**

- YES
- NO

**Hispanic**

- YES
- NO

**U.S. Military Veteran**

- YES
- NO

**Primary Disability**

What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work? List or describe.

When did this disability begin (year)? __________________________

**Secondary Disability**

Please list any other conditions, impairments or disabilities that limit your ability to work.

When did these conditions/disabilities begin (year)? __________________________
**HIGHEST LEVEL OF EDUCATION (CHECK ONE)**
- No formal schooling
- Elementary (Grades 1-8)
- Some high school but no diploma (Grades 9-12)
- Special education certificate/diploma or certificate of attendance
- High school graduate or GED
- Some University, college, or tech college but no degree or certificate
- Associate degree
- Bachelor’s degree
- Master’s degree
- Degree above master’s, such as Ph.D., Ed.D., J.D.
- Vocational/technical certificate
- Occupational credential beyond undergraduate
- Occupational credential beyond graduate

**CURRENT LIVING ARRANGEMENT (CHECK ONE)**
- Private residence (on your own, with your family or with a roommate)
- Group home
- Rehabilitation facility
- Mental health facility
- Nursing home
- Jail or correctional facility
- Halfway house
- Substance abuse treatment center
- Homeless/shelter
- Other

**ARE YOU A STUDENT IN HIGH SCHOOL AT THE TIME OF THIS APPLICATION?**
- No, I’m not a high school student at this time.
- Yes, I’m in high school and I have a 504 accommodation plan.
- Yes, I’m in high school and I’m receiving services through an Individual Education Plan (IEP).
- Yes, I’m currently a high school student, but I do not have either a 504 plan or an IEP.

**WHO REFERRED YOU TO VR? (CHECK ONE)**
- Grade school or high school
- University, college or technical college
- Doctor or hospital (public or private)
- Medicaid (Kancare, Healthwave, Working Healthy, Work, Managed Care Organizations)
- Economic and employment services
- Child support services
- A rehabilitation program in your community
- Social security administration or disability determination services
- One-stop employment/training center (KansasWorks)
- Self referral
- Other sources
- American Indian VR Services program
- Center for Independent Living
- Child protective services
- Consumer organizations or advocacy group
- Employer
- Faith based organization
- Family or friends
- Intellectual and developmental disabilities service provider
- Mental health provider (public or private)
- Public housing authority
- State department of corrections/juvenile justice
- State employment service agency
- Veteran’s administration
- Workers compensation
- Other state agencies
- VR agencies in other states

**ACCOMMODATIONS FOR COMMUNICATIONS (CHECK ONE)**
- Regular print
- Braille
- Large print
- Tape
- CD
- 3.5 disk
- Other language (specify)

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(for office use only)
Information about employment

ARE YOU WORKING? _____ YES _____ NO
If yes, where: ______________________________ Job title: ____________________________ Hours per week: ____________
If yes, current weekly earnings: ____________________________ (gross wages, salaries, tips or commissions before payroll or tax deductions)

FOR OFFICE USE ONLY – EMPLOYMENT AT APPLICATION
_____ Employment without Supports in Integrated Setting
_____ Extended Employment
_____ Self-employment (except BEP)
_____ State Agency-managed Business Enterprise Program (BEP)
_____ Homemaker
_____ Unpaid Family Worker

_____ Employment with Supports in Integrated Setting
_____ Not employed: Student in Secondary Education
_____ Not employed: All other Students
_____ Not employed: Trainee, Intern or Volunteer
_____ Not employed: Other

IF YOU HAVE WORKED BEFORE, PLEASE LIST THE FOLLOWING INFORMATION FOR YOUR MOST RECENT JOBS:

NAME OF BUSINESS: _______________________________________________________________________________________
JOB YOU HAD: _____________________________________________________________________________________________
TIME PERIOD WHEN YOU WORKED THERE: ____________________________________________________________________
REASON FOR LEAVING: _____________________________________________________________________________________

NAME OF BUSINESS: _______________________________________________________________________________________
JOB YOU HAD: _____________________________________________________________________________________________
TIME PERIOD WHEN YOU WORKED THERE: ____________________________________________________________________
REASON FOR LEAVING: _____________________________________________________________________________________

NAME OF BUSINESS: _______________________________________________________________________________________
JOB YOU HAD: _____________________________________________________________________________________________
TIME PERIOD WHEN YOU WORKED THERE: ____________________________________________________________________
REASON FOR LEAVING: _____________________________________________________________________________________

WHAT ARE THE STRENGTHS OR SKILLS YOU HAVE THAT ARE HELPFUL IN THE WORKPLACE?
**Information about resources**

**ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING?**

**IF YES, PLEASE CHECK THEN LIST THE MONTHLY AMOUNT.**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Amount</th>
<th>For Office Use Only</th>
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</thead>
<tbody>
<tr>
<td>SSDI (SOCIAL SECURITY DISABILITY INSURANCE)</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>SSI (SUPPLEMENTAL SECURITY INCOME)</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>TANF (TEMPORARY ASSISTANCE FOR NEEDY FAMILIES)</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>GENERAL ASSISTANCE (PUBLIC ASSISTANCE)</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>VETERANS’ DISABILITY BENEFITS</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>WORKERS COMPENSATION</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
<tr>
<td>ANY OTHER PUBLIC SUPPORT</td>
<td>$ ______</td>
<td>VERIFIED? Y/N ______</td>
</tr>
</tbody>
</table>

**WHAT IS YOUR PRIMARY (LARGEST) SOURCE OF SUPPORT?** CHECK ONE.

- EMPLOYMENT EARNINGS
- PERSONAL INCOME (INTEREST, DIVIDENDS, RENT, RETIREMENT INCLUDING SOCIAL SECURITY RETIREMENT)
- FAMILY AND FRIENDS (INCLUDES EARNINGS OF A SPOUSE)
- GENERAL ASSISTANCE (PUBLIC ASSISTANCE)
- VETERANS’ DISABILITY BENEFITS
- PUBLIC SUPPORT (SSI, SSDI, TANF)
- ALL OTHER SOURCES (INCLUDE PRIVATE DISABILITY INSURANCE AND PRIVATE CHARITIES)

**TO HELP US COORDINATE YOUR SERVICES, PLEASE CHECK OTHER SERVICES YOU ARE RECEIVING.**

YOU MAY CHECK UP TO THREE.

<table>
<thead>
<tr>
<th>Service</th>
<th>Amount</th>
<th>For Office Use Only</th>
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</thead>
<tbody>
<tr>
<td>AMERICAN INDIAN VR SERVICES PROGRAM</td>
<td></td>
<td>VR AGENCIES IN OTHER STATES</td>
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<tr>
<td>CENTER FOR INDEPENDENT LIVING</td>
<td></td>
<td>VR AGENCIES IN OTHER STATES</td>
</tr>
<tr>
<td>CHILD PROTECTIVE SERVICES</td>
<td></td>
<td>VETERAN'S ADMINISTRATION</td>
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<tr>
<td>A REHABILITATION PROGRAM IN YOUR COMMUNITY</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
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<tr>
<td>CONSUMER ORGANIZATION OR ADVOCACY GROUP</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>GRADE SCHOOL OR HIGH SCHOOL</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>UNIVERSITY, COLLEGE OR TECHNICAL SCHOOL</td>
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<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>EMPLOYER</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
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<tr>
<td>TICKET TO WORK EMPLOYMENT NETWORK</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>FEDERAL STUDENT AID (PELL, SEOG, WORK STUDY)</td>
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<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
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<tr>
<td>INTELLECTUAL AND DEVELOPMENTAL DISABILITIES</td>
<td></td>
<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>DOCTOR OR HOSPITAL (PUBLIC OR PRIVATE)</td>
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<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
</tr>
<tr>
<td>MENTAL HEALTH PROVIDER (PUBLIC OR PRIVATE)</td>
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<td>ECONOMIC AND EMPLOYMENT SERVICES</td>
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**DO YOU HAVE ANY OF THE FOLLOWING TYPES OF MEDICAL INSURANCE COVERAGE?**

- MEDICAID (KANCARE)
- MEDICARE
- PUBLIC INSURANCE FROM OTHER SOURCES (WORKERS COMPENSATION OR HEALTHWAVE)
- PRIVATE INSURANCE THROUGH YOUR OWN EMPLOYER
- NOT YET ELIGIBLE FOR PRIVATE INSURANCE THROUGH EMPLOYER, BUT WILL BE AFTER A CERTAIN PERIOD OF EMPLOYMENT
- PRIVATE INSURANCE THROUGH OTHER MEANS (SUCH AS THROUGH PARENTS OR FAMILY)
**Information about your expenses**

HOW MANY PEOPLE CURRENTLY LIVE AT YOUR HOUSE? ___________________ (INCLUDE RELATIVES AND OTHERS)

WHAT ARE THE CURRENT MONTHLY EXPENSES FOR YOUR HOUSEHOLD? PLEASE LIST BELOW

<table>
<thead>
<tr>
<th></th>
<th>AMOUNT:</th>
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<th>AMOUNT:</th>
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<tbody>
<tr>
<td>HOUSING</td>
<td>$ ______</td>
<td>WATER</td>
<td>$ ______</td>
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<tr>
<td>NATURAL GAS</td>
<td>$ ______</td>
<td>CABLE</td>
<td>$ ______</td>
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<tr>
<td>ELECTRICITY</td>
<td>$ ______</td>
<td>INTERNET</td>
<td>$ ______</td>
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<td>PROPANE</td>
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<td>TELEPHONE</td>
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<tr>
<td>TRASH</td>
<td>$ ______</td>
<td>CELL PHONE</td>
<td>$ ______</td>
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*IF YOU ARE FOUND ELIGIBLE, YOU MAY BE ASKED TO PROVIDE DOCUMENTATION OF THESE EXPENSES, DEPENDING ON SERVICES THAT WOULD BE INCLUDED IN YOUR IPE.*

**Acknowledgements**

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

- I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.
- It is my responsibility to inform my counselor of any changes related to this application, such as changes in my address, income or employment.
- **Prior** written approval from my counselor is needed before Rehabilitation Services will pay for any services.
- Payment for some services may be based on financial need according to my personal or family income.
- I expressly give permission for information about me to be shared within the Department for Children and Families (DCF). Rehabilitation Services will also have access to information in my Social Security, Disability Determination, DCF, and employment records.
- No one will be discriminated against by Rehabilitation Services because of disability, race, religion, sex, color, national origin, length of residency in the state, or ancestry.
- I have received a Handbook of Services.

APPLICANT’S SIGNATURE ______________________________________ DATE ______________________

PARENT’S, GUARDIAN’S OR LEGAL REPRESENTATIVE SIGNATURE __________________________________ DATE ______________________

PARENT, GUARDIAN, REPRESENTATIVE ADDRESS __________________ CITY __________________________ STATE ____ ZIP CODE ________

PARENT, GUARDIAN, REPRESENTATIVE PHONE ___________________ CELL PHONE ___________________ EMAIL ADDRESS ___________________