Kansas
Department for Children and Families
Rehabilitation Services

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.

Application Begins on Next Page

Information About You:

Last Name: _____ First Name: _____

Middle Initial: _____ Social Security Number: _____

Previous Names Used (Maiden/Married Names): _____

Current Street Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____ City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone Number: _____ Cell Phone Number: _____

Email Address: _____ County of Residence: _____

Contact Person's Name and Phone Number: _____
Someone who would be able to give you a message.

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Gender: ☐ Male ☐ Female ☐ Other ☐ Did Not Disclose Hispanic? ☐ Yes ☐ No

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander

Are you a U.S. citizen? ☐ Yes ☐ No If no, do you have an alien registration card? ☐ Yes ☐ No

If no, do you have an employment authorization document? ☐ Yes ☐ No
You must have a Visa which allows employment in the competitive marketplace to be eligible for services.

Are you a U.S. military veteran? ☐ Yes ☐ No

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)? _____

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

_____

When did these conditions/disabilities begin (year)? _____

What is your highest level of education *(check one)*?

☐ No Formal Schooling ☐ Elementary (Grades 1-8) ☐ Some High School (Grades 9-12) - No Diploma

☐ Special Education Certificate/Diploma or Certificate of Attendance ☐ High School Graduate/GED

☐ Some University, College, or Tech College - No Degree or Certificate ☐ Associates Degree

☐ Bachelor's Degree ☐ Master's Degree ☐ Degree Above Master's Degree (Ph. D, Ed. D, J.D.)

☐ Vocational/Technical Certificate ☐ Occupational Credential Beyond Undergraduate

☐ Occupational Credential Beyond Graduate

Are you a student in high school at the time of this application *(check one)*?

☐ 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 and Individual Education Plan (IEP).

☐ Yes, I'm currently a high school student, but I don't have either a 504 plan or an IEP.

What is your current living arrangement *(check one)*?

☐ Private Residence (On Your Own, With Your Family, 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 (describe): _____

Who referred you to VR *(check one)*?

☐ Grade School or High School ☐ University, College or Technical College

☐ Doctor or Hospital (Public or Private) ☐ Rehabilitation Program in Your Community

☐ Medicaid (KanCare, HealthWave, Working Healthy, Work, Managed Care Organizations)

☐ Economic and Employment Services ☐ Child Support Services ☐ Child Protective Services

☐ Social Security Administration or Disability Determination Services ☐ Self - Referral

☐ One - Stop Employment/Training Center (KANSASWORKS) ☐ American Indian VR Services Program

☐ Center for Independent Living ☐ Consumer Organizations or Advocacy Group ☐ Employer

☐ Faith Based Organization ☐ Family or Friends ☐ Mental Health Provider (Public or Private)

☐ Intellectual and Developmental Disabilities Service Provider ☐ Public Housing Authority

☐ State Department of Corrections/Juvenile Justice ☐ State Employment Service Agency

☐ Veterans Administration ☐ Worker's Compensation ☐ VR Agencies in Other States

☐ Other State Agencies ☐ Other Sources

Accommodations for Communications *(check all that apply)*

☐ Regular Print ☐ Large Print ☐ Braille ☐ Tape ☐ CD ☐ 3.5 Disk

☐ Other Language Please Specify: _____

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Information About Employment

Are you working? ☐ Yes ☐ No

If yes, where: _____ Job Title: _____ Hours per week: _____

If yes, what are your 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 ☐ Employment with Supports in Integrated Setting

☐ Extended Employment ☐ Self - Employment (except BEP) ☐ Homemaker

☐ State Agency - Managed Business Enterprise Program (SEP) ☐ Unpaid Family Worker

☐ 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 (check all that apply)?

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- ☐ SSDI (Social Security Disability Insurance) Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ SSI (Supplemental Security Income) Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ TANF (Temporary Assistance for Needy Families) Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ General Assistance (Public Assistance) Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ Veterans Disability Benefits Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ Worker's Compensation Amount: $ _____ Verified? ☐ Yes ☐ No
- ☐ Any Other Public Support Amount: $ _____ Verified? ☐ Yes ☐ No

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What is your primary (largest) source of support (check one)?

- ☐ Employment Earnings ☐ Family and Friends (Including Earnings of a Spouse)
- ☐ Personal Income (Interest, Dividends, Rent, Retirement - including Social Security Retirement)
- ☐ General Assistance (Public Assistance) ☐ Veterans Disability Benefits
- ☐ Public Support (SSI, SSDI, TANF)
- ☐ All Other Sources (Private Disability Insurance and Private Charities etc.)

To help us accommodate your services, please check other services you are receiving *(check all that apply)*.

- ☐ American Indian VR Services Program ☐ Center for Independent Living
- ☐ One - Stop Employment/Training Center (KANSASWORKS)
- ☐ Rehabilitation Program in Your Community ☐ Public Housing Authority
- ☐ Social Security Administration or Disability Determination Services
- ☐ Consumer Organization or Advocacy Group ☐ Grade School or High School
- ☐ University, College or Technical School ☐ State Department of Corrections/Juvenile Justice
- ☐ State Employment Service Agency ☐ Employer ☐ Veterans Administration
- ☐ Ticket to Work Employment Network ☐ Federal Student Aid (PELL, SEOG, Work Study)
- ☐ Worker's Compensation ☐ Intellectual and Developmental Disabilities Agency
- ☐ Doctor or Hospital (Public or Private) ☐ Mental Health Provider (Public or Private)
- ☐ Child Protective Services ☐ Economic and Employment Services
- ☐ VR Agencies in Other States ☐ Other State Agencies ☐ Other ☐ None

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Do you have any of the following types of medical insurance coverage?

☐ Medicaid (KanCare) ☐ Medicare ☐ 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)

☐ Public insurance from other sources (Worker's Compensation or HealthWave)

Information About Your Expenses

How many people currently live at your house (include relatives and others)? _____

What are the current monthly expenses for your households?

Housing:	$ _____	Water:	$ _____
Natural Gas:	$ _____	Cable:	$ _____
Electricity:	$ _____	Internet:	$ _____
Propane:	$ _____	Telephone:	$ _____
Trash:	$ _____	Cell Phone:	$ _____

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.

Acknowledgments

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 Signature: _____ Date: _____

Parent/Guardian/Legal Representative Signature: _____ Date: _____

Parent/Guardian/Representative Address: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian/Representative Telephone: _____ Cell Phone: _____

Parent/Guardian/Representative Email: _____