



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 Are you 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 an 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

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: _____

For Office Use Only:

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)?

<input type="checkbox"/> SSDI (Social Security Disability Insurance)	Amount: \$ _____
<input type="checkbox"/> SSI (Supplemental Security Income)	Amount: \$ _____
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	Amount: \$ _____
<input type="checkbox"/> General Assistance (Public Assistance)	Amount: \$ _____
<input type="checkbox"/> Veterans Disability Benefits	Amount: \$ _____
<input type="checkbox"/> Worker's Compensation	Amount: \$ _____
<input type="checkbox"/> Any Other Public Support	Amount: \$ _____

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Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Verified? <input type="checkbox"/>	Yes	<input type="checkbox"/>	No

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

<input type="checkbox"/> Employment Earnings	<input type="checkbox"/> Family and Friends (Including Earnings of a Spouse)
<input type="checkbox"/> Personal Income (Interest, Dividends, Rent, Retirement - including Social Security Retirement)	
<input type="checkbox"/> General Assistance (Public Assistance)	<input type="checkbox"/> Veterans Disability Benefits
<input type="checkbox"/> Public Support (SSI, SSDI, TANF)	
<input type="checkbox"/> 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*).

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

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 household?

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: _____ State: _____ Zip Code: _____

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

Parent/Guardian/Representative Email: _____