



State of Utah  
Department of Workforce Services  
**VOCATIONAL REHABILITATION APPLICATION AND  
RELEASE OF INFORMATION**

**APPLICANT INFORMATION**

Social Security number: \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Gender:  Male  Female  I choose not to disclose Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Mailing Address:  
(if different from home) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Email: \_\_\_\_\_

**RACE (SELECT ALL THAT APPLY)**

Black/African American  Native Hawaiian/Pacific Islander

White/Caucasian  Asian

American Indian/Native Alaskan  I choose not to identify

**ETHNICITY**

Hispanic/Latino  Not Hispanic/Latino

**LANGUAGE**

ASL  English  Spanish

Other (specify): \_\_\_\_\_

**COMMUNICATION PREFERENCE**

ASL  Large print  Tactile

Audio tape  Minimal language skills  Total communication

Braille  Oral

Specific communication needs: \_\_\_\_\_

**VETERAN STATUS**

Veteran:  Yes  No Type of discharge: \_\_\_\_\_

**LIVING ARRANGEMENT**

Private residence (by yourself, with family or others)  Substance abuse treatment center

Adult/youth correctional facility  Mental health facility

Community residential/group home  Nursing home

Homeless shelter  Rehabilitation facility

Halfway house  Other (specify): \_\_\_\_\_

**MARITAL STATUS**

Married     Never married     Divorced     Separated     Widow

**U.S. CITIZENSHIP**

**\*\*IF NOT A US CITIZEN PLEASE BRING USCIS CARD WITH YOU TO YOUR APPOINTMENT\*\***

Yes, I am a U.S. citizen     Not a U.S. citizen but I have a USCIS Employment Authorization Card  
 Not a U.S. citizen but I have a USCIS Permanent Resident Card     Not a U.S. citizen, other

**\*\*BRING PHOTO ID\*\***

ID # \_\_\_\_\_

**REFERRAL SOURCE**

Who referred you to VR? \_\_\_\_\_

What is the reason they suggested you should apply? \_\_\_\_\_

**FINANCIAL**

What is your main source of financial support at this time?

**IF YOU RECEIVE ANY OF THE FOLLOWING BENEFITS, PLEASE ESTIMATE THE AMOUNT BELOW**

SSI aged \$ \_\_\_\_\_     SSI blind \$ \_\_\_\_\_     SSI disabled \$ \_\_\_\_\_  
 SSDI disabled \$ \_\_\_\_\_     Veteran's disability benefits \$ \_\_\_\_\_  
 General Assistance \$ \_\_\_\_\_     Other (specify): \_\_\_\_\_

**MEDICAL INSURANCE**

Medicaid     Medicare     Other public (PCN, WC etc.)     No insurance  
 Private through employer     Other private insurance     Not eligible through employer

**EMPLOYMENT HISTORY**

**\*\* IF YOU HAVE A RESUME, PLEASE BRING A COPY TO YOUR APPOINTMENT. IN ADDITION, PLEASE COMPLETE THE EMPLOYMENT HISTORY BELOW\*\***

Are you currently employed?     Yes     No

**LIST WORK HISTORY, IN ORDER, BEGINNING WITH YOUR MOST RECENT JOB**

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Employer: \_\_\_\_\_ Date ended: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_

Reason job ended: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Employer: \_\_\_\_\_ Date ended: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason job ended: \_\_\_\_\_

Job title: \_\_\_\_\_ Start date: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Salary: \_\_\_\_\_ Employer: \_\_\_\_\_ Date ended: \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Job duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason job ended: \_\_\_\_\_

**CONTACTS**

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Non-family contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Legal guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Other contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Probation or parole officer: \_\_\_\_\_ Phone number: \_\_\_\_\_

**\*\*IF YOU HAVE A LEGAL HISTORY, PLEASE BRING INFORMATION (CHARGES/DATES) TO YOUR APPOINTMENT TO DISCUSS WITH YOUR COUNSELOR\*\***

**EDUCATION**

What is your highest level of education? \_\_\_\_\_ When did you last attend school? \_\_\_\_\_

Are you currently enrolled in school? \_\_\_\_\_

If yes, what is the name of the school? \_\_\_\_\_

If in school, who is your primary school contact? \_\_\_\_\_

Do you hold any current certifications? \_\_\_\_\_

**ARE YOU A STUDENT WITH DISABILITY IN SECONDARY EDUCATION**

- High school student with an IEP
- High school student with a 504 plan
- High school student with IEP & 504 plan

**IF YOU ARE CURRENTLY TAKING MEDICATIONS, LIST THEM BELOW**

- 1. \_\_\_\_\_ Reason prescribed: \_\_\_\_\_
- 2. \_\_\_\_\_ Reason prescribed: \_\_\_\_\_
- 3. \_\_\_\_\_ Reason prescribed: \_\_\_\_\_
- 4. \_\_\_\_\_ Reason prescribed: \_\_\_\_\_

Are you currently taking your prescribed medications?  Yes  No

If not, why? \_\_\_\_\_

**\*\*LIST ANY ADDITIONAL MEDICATIONS AND THE REASON YOU ARE PRESCRIBED THEM ON A SEPARATE SHEET OF PAPER FOR YOUR COUNSELOR\*\***

**MEDICAL RECORD INFORMATION**

Name of treatment provider (doctor, psychologist, other) who knows about your disability: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Name of treatment provider (doctor, psychologist, other) who knows about your disability: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

Name of treatment provider (doctor, psychologist, other) who knows about your disability: \_\_\_\_\_

Dates of treatment: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

**DISABILITY INFORMATION**

What is your current disability(ies)? \_\_\_\_\_

How does the disability(ies) affect your ability to work? \_\_\_\_\_

**COUNSELOR NOTES:**

**Sign the application after reading the following information.**

**GATHERING INFORMATION TO DETERMINE ELIGIBILITY:** The information contained in this application is true and correct to the best of my knowledge. Permission is granted to the Utah State Office of Rehabilitation to make whatever inquiries might be necessary to verify these statements including the sharing of information with the Department of Workforce Services. In applying for Vocational Rehabilitation Services, I understand there is a need to collect personal information. The authority to collect this information comes from Federal Regulation 34 CFR 361.38(a) (1) (iii). I understand that collecting this information is necessary to determine eligibility and therefore is mandatory. Failure to provide requested information may result in a determination of not being eligible for Vocational Rehabilitation Services. I understand that my counselor has 60 days from the date I submit a complete application to determine eligibility, but that circumstances may arise where this information cannot be acquired within this time frame. I agree to sign a request to extend the time for determination of eligibility if I want to have the 60 days extended.

**SOCIAL MEDIA:** I understand that, in connection with furnishing me with Vocational Rehabilitation services, my counselor may access or view my social media profiles and posts.

**CONFIDENTIALITY:** I understand that information concerning me is confidential and protected under State & Federal regulations as well as professional codes of ethics governing confidentiality. I recognize this information cannot be disclosed without my written consent, unless otherwise provided for in the State and Federal regulations. However, I understand that, by signing this form, I am agreeing that information about me may be released to appropriate agencies or individuals without my informed consent in order to accomplish my vocational rehabilitation plan and job placement goals and I understand these agencies and/or individuals will be made known to me. I authorize the exchange of information between the Utah State Office of Rehabilitation and other entities, including the Department of Workforce Services, only for the use of the Utah State Office of Rehabilitation as needed to determine eligibility and appropriate services and for the administration of their program. I further understand that, at the time my Vocational Rehabilitation case is closed, my contact information may be referred to an Employment Network that has partnered with the Utah State Office of Rehabilitation under a Partnership Plus arrangement for the purpose of providing and coordinating further services I may be eligible to receive.

**IN CASE OF A PROBLEM:** I understand that a Client Assistance Program (CAP) representative is available to act as my advisor and advocate at any time, and that I may call toll free (1-800-

662-9080) to reach the Client Assistance Program (CAP) located at 205 North 400 West, Salt Lake City, Utah 84103.

I understand that I have the opportunity for a timely review of any determination by my rehabilitation counselor. If I am dissatisfied with the furnishing or denial of Vocational Rehabilitation services, I may request a written or verbal review of a determination, or mediation regarding a determination, to my counselor, the immediate supervisor, the District Director, or to: **Division of Rehabilitation Services, Administration Office, 1595 W 500 S, P.O. Box 144200, Salt Lake City, Utah 84114-4200.** If I request mediation, my mediator will be chosen randomly from a list of qualified mediators unless the Utah State Office of Rehabilitation and I agree to use a particular mediator. If I request a hearing, the hearing officer will be chosen randomly from a list of qualified Administrative Law Judges unless the Utah State Office of Rehabilitation and I agree to use a particular hearing officer.

**NO DISCRIMINATION:** I understand that services in this program are provided without regard to sex, race, age, religion, color, or national origin according to Title VI of the Civil Rights Act and Section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. The agency also assures that no group of individuals will be excluded or found ineligible solely on the basis of type of disability.

**I understand that altering this application in any way will make it invalid and I have completed this application in its original form. I understand that I must provide proof of identity and must be able to be legally employed in the United States. I have read (or have had read to me) and understand and agree to the above.**

<b>Signature of Applicant/Representative</b>	<b>Date</b>
<b>Parent Signature (if applicant is a minor)</b>	<b>Date</b>
<b>Counselor Signature (reviewed and accepted)</b>	<b>Date</b>

A proud partner of the  network

**Equal Opportunity Employer/Program**

Auxiliary aids and services are available upon request to individuals with disabilities by calling 801-526-9240. Individuals who are deaf, hard of hearing, or have speech impairments may call Relay Utah by dialing 711. Spanish Relay Utah: 1-888-346-3162.

DWS-USOR 4V  
02/2019



State of Utah  
Department of Workforce Services  
**VOTER REGISTRATION REQUEST**

If you are not registered to vote where you live now, would you like to apply to register or preregister to vote here today?

(The decision of whether to register or preregister to vote will not affect the amount of assistance that you will be provided by this agency.)

Yes    No

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER OR PREREGISTER TO VOTE AT THIS TIME.**

If you would like help in filling out the voter registration form, we will help you. The decision about whether to seek or accept help is yours. You may fill out the application form in private.

If you believe that someone has interfered with your right to register or preregister or to decline to register or preregister to vote, your right to privacy in deciding whether to register or preregister, or in applying to register or preregister to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Lieutenant Governor, State Capitol Building, Salt Lake City, Utah 84114.

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### Release of Information Exchange

The purpose of this exchange of information is to facilitate vocational rehabilitation pre-employment transition services. Care will be taken by all agencies involved to release only that information which is required for effective and efficient implementation of services. Confidential information to be included in this interagency information exchange agreement may include: Educational, psychological, medical, social, and vocational information relevant to your needs to participate in services. This release will not be used for detailed medical or psychological information.

### Agencies Share Access to Confidential Information

Utah State Office of Rehabilitation  
Division of Rehabilitation Services:

Utah State Board of Education School  
District:

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that my records are protected under the State and Federal regulations as well as professional codes of ethics governing confidentiality and cannot be released or disclosed without my written consent, unless otherwise provided for in the State and Federal regulations. I authorize the release and/or disclosure of information between the agencies listed above with the restriction that the information cannot be passed on to any other person or entity/agency. I understand that this consent is effective from the date below until the final day of the month following the termination of my currently open vocational rehabilitation program(s). I understand I may revoke this consent at any time by sending written notification to the above listed agencies.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



Utah State Office of Rehabilitation  
**Order of Selection Wait List Activation**  
Frequently Asked Questions (FAQ)

**What is an “Order of Selection”?**

Order of Selection is a system or method for prioritizing the clients a VR agency intends to serve. The Federal Government allows VR agencies to use an Order of Selection when a VR agency does not have enough money and/or staff to serve everyone who is eligible.

Utah VR has established three categories in order to prioritize who receives VR services first when funds are available.

1. Individuals with Most Significant Disabilities
2. Individuals with Significant Disabilities
3. Individuals with Disabilities

Order of Selection Wait Lists are implemented on a statewide basis and without regard to type of disability, gender, source of referral, income level or cost of necessary services.

\*If you have questions about “functional limitations” please feel free to talk to your VR counselor. He or she will be happy to explain.

**Does this affect me if I’m not on the Wait List?**

The Wait List does not impact those clients who are already active in their Individualized Plan for Employment (IPE). USOR will continue providing services to clients who already created an (IPE) with their VR Counselor. Clients with IPEs will continue to work with their VR Counselor to receive the services agreed to in their IPE as long as funding is available. As stated in the IPE, however, services are always based upon available funding.

**What happens when USOR begins to open up the Wait List?**

USOR plans to begin taking clients off the Wait List in groups starting with clients in the MSD category. USOR will take clients off the wait list starting with the highest priority category (MSD) and based on the date of application within that category.

**How do I know what my priority category is?**

When you were determined eligible you were sent a letter notifying you of this decision and indicating what category you were found eligible under. This classification will match one of the 3 categories listed above. If you are unable to find your letter of eligibility you may contact the counselor or technician your application was processed by and get a new copy sent to you for your records.

**When will I be activated from the Wait List?**