



How to apply -

Applying for VR services requires a series of steps:

1. An individual provides information to VR staff during an intake interview. Information requested by IDVR is necessary to begin the eligibility assessment process.

AND

2. An individual agrees that he or she is available to complete the assessment process required to determine eligibility for VR services.

AND

3. At the intake interview, the individual provides a signed and dated application signature sheet to IDVR or makes an alternative request for application to IDVR.

The application process is complete when all steps have occurred.

It is helpful to complete the attached intake form and provide it to VR at your first appointment. However, you are not required to complete an intake form to schedule an appointment or meet with a VR counselor.

Contact your local VR office if you have additional questions about eligibility requirements, the application process, or would like to apply for services.

We look forward to working with you!

*Idaho Division of Vocational Rehabilitation*



# VOCATIONAL REHABILITATION Intake Form

(All information is important-please complete all fields)

I am a previous VR Customer: Yes No

If Yes, Where? \_\_\_\_\_

## MY PERSONAL INFORMATION:

SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: Male Female Do not wish to Gender Identify

Previous Last Name: \_\_\_\_\_

## MY ADDRESS:

Home Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Check if mailing address is the same as home address

Mailing Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Primary Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Voice VP Fax

Second Phone: (\_\_\_\_)-\_\_\_\_-\_\_\_\_ Voice VP Fax

E-mail: \_\_\_\_\_

**ETHNIC (must check one):**

- Hispanic/Latino
- Not Hispanic/Latino

**RACE: (must check at least one or more than one):**

- American Indian or Alaska Native (tribal affiliation): \_\_\_\_\_
- Asian
- Black/African-American
- Does Not Wish to Self-Identify (adults only)
- Native Hawaiian or other Pacific Islander
- White

Are you legally able to work in the United States?     Yes     No

Are you your own legal guardian?     Yes  No

Legal guardian's name: \_\_\_\_\_

Guardian's phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Voice  VP  Fax

**CONTACTS:** (Examples: Family, Friends, PO, Case Worker Etc.)

|    | <b>Name</b> | <b>Relationship</b> | <b>Phone</b>     | <b>Ext.#</b> | <b>Voice/VP/<br/>Fax</b> |
|----|-------------|---------------------|------------------|--------------|--------------------------|
| 1. |             |                     | (____)-____-____ |              |                          |
| 2. |             |                     | (____)-____-____ |              |                          |
| 3. |             |                     | (____)-____-____ |              |                          |

**What are your current living arrangements?**

- Private Residence (home, apt, live w/family)
- Adult Correction Facility
- Community Residential/group home
- Halfway House
- Homeless/Shelter
- Mental Health Facility
- Nursing Home
- Other
- Rehabilitation Facility
- Substance Abuse Treatment Center

**Marital Status:**    Married    Never Married    Divorced    Separated    Widowed

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

**FINANCIAL:**

Including yourself, number in household: \_\_\_\_\_    Number of Dependents: \_\_\_\_\_

**Primary source of income/financial support:**

- Personal Income (Employment earnings, interest, dividends, rent, retirement, and/or Social Security retirement benefits)
- Family and Friends
- Public Support (SSI, SSDI, TANF, etc.)
- All Other Sources (e.g. private disability insurance, private charities, child support etc.)

SSDI Status:     allowed     denied     pending     not an applicant

SSI Status:     allowed     denied     pending     not an applicant

SSI Aged: \$ \_\_\_\_\_                      VA: \$ \_\_\_\_\_                      Workers Comp: \$ \_\_\_\_\_  
 SSI Disabled: \$ \_\_\_\_\_                      TANF: \$ \_\_\_\_\_                      Unemployment Ins. \$ \_\_\_\_\_  
 SSDI: \$ \_\_\_\_\_                      TANF end date: \_\_\_\_\_                      Other Public Support: \$ \_\_\_\_\_

**I have one or more of the following medical insurances:**

- Medicaid
- Medicare
- None
- Private insurance (Employer Pending)
- Private insurance through other means
- Private insurance through own employer
- Public insurance from other sources
- State or Federal Affordable Care Act Exchange

**EMPLOYMENT:**

I am requesting VR Services to Maintain Current Employment     Yes  No

**My Work History:**

(Starting with most recent and include applicable volunteer work)

**#1 Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Weekly hours worked: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you get this job: \_\_\_\_\_

What duties did your disability make more difficult to perform: \_\_\_\_\_

Was a special license required (CNA, CDL, etc.): \_\_\_\_\_

Can you return to this job?  Yes  No

If not, why: \_\_\_\_\_  
\_\_\_\_\_

Could someone at this employment give you a reference?  Yes  No

Who? \_\_\_\_\_

**#2 Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Weekly hours worked: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

How did you get this job: \_\_\_\_\_  
\_\_\_\_\_

What duties did your disability make more difficult to perform: \_\_\_\_\_  
\_\_\_\_\_

Was a special license required (CNA, CDL, etc.):  
\_\_\_\_\_

Can you return to this job?  Yes  No

If not, why: \_\_\_\_\_  
\_\_\_\_\_

Could someone at this employment give you a reference?  Yes  No

Who? \_\_\_\_\_

**#3 Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Weekly hours worked: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

How did you get this job: \_\_\_\_\_  
\_\_\_\_\_

What duties did your disability make more difficult to perform: \_\_\_\_\_  
\_\_\_\_\_

Was a special license required (CNA, CDL, etc.):

Can you return to this job?  Yes  No

If not, why: \_\_\_\_\_

Could someone at this employment give you a reference?  Yes  No

Who? \_\_\_\_\_

**#4 Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Weekly hours worked: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you get this job: \_\_\_\_\_

What duties did your disability make more difficult to perform: \_\_\_\_\_

Was a special license required (CNA, CDL, etc.):

Can you return to this job?  Yes  No

If not, why: \_\_\_\_\_

Could someone at this employment give you a reference?  Yes  No

Who? \_\_\_\_\_

**#5 Employer:** \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Weekly hours worked: \_\_\_\_\_ Hourly wage: \_\_\_\_\_ Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

How did you get this job: \_\_\_\_\_

What duties did your disability make more difficult to perform: \_\_\_\_\_

Was a special license required (CNA, CDL, etc.):

Can you return to this job?  Yes  No

If not, why: \_\_\_\_\_

Could someone at this employment give you a reference?  Yes  No

Who? \_\_\_\_\_

Veteran:  Yes  No

**DISABILITIES:**

**Please describe your disabilities and functional limitations:**(Physical, Injuries, Mental Health, Depression, Substance Abuse (drug and/or alcohol), Learning Disability, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**My disability makes it difficult to?**(Describe how it affects you in the space provided)

Stand  Walk  Sit  Lift  Bend  Use hands or feet

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

See  Hear  Read  Write

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Concentrate  Remember  Learn  Understand

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Handle stress  Control emotions  Work with others  Communicate

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

Other:

Explain:  
\_\_\_\_\_  
\_\_\_\_\_

**How do your disabilities affect your current ability to work or keep a job?**

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**How do you think Vocational Rehabilitation can help you get a job and keep one?**

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**What are your employment needs?**

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**ARE YOU RECEIVING SERVICES OR FUNDING FROM ANY OF THESE PROGRAMS?**

- |  |                           |
|--|---------------------------|
| <input type="checkbox"/> Adult Education and Literacy Program (AE) | Date Started: ___/___/___ |
| <input type="checkbox"/> Adult Program (Department of Labor)       | Date Started: ___/___/___ |
| <input type="checkbox"/> Dislocated Worker (Department of Labor)   | Date Started: ___/___/___ |
| <input type="checkbox"/> Employment Services (Department of Labor) | Date Started: ___/___/___ |
| <input type="checkbox"/> Job Corps                                 | Date Started: ___/___/___ |
| <input type="checkbox"/> Youth (Department of Labor)               | Date Started: ___/___/___ |
| <input type="checkbox"/> YouthBuild                                | Date Started: ___/___/___ |
| <input type="checkbox"/> None                                      |                           |

**Foster Care:**  **Yes;** is currently in foster care or was previously in foster care.  **No;** have never been in foster care.

**Single Parent:**  **Yes**  **No**  **Does not wish to self-identify**

(Currently a single parent with a dependent child under 18 or is pregnant)

**Displaced Homemaker**  **Yes**  **No** (was providing services to family member(s) while dependent upon another family member's income or due to military service of a spouse)

**Migrant or Seasonal Farmworker:**  **Yes**  **No**

Low income, primarily employed for last 12 to 24 months in farming labor

Is a seasonal farmworker and distance to job site does not allow for daily return to permanent home

Is a Dependent of migrant/seasonal farmworker



Do you have a driver's license? Yes No

Do you drive/mode of transportation? \_\_\_\_\_

Do you require communication assistance? Yes No

Explain:

Other needs request:

**HIGHEST LEVEL OF EDUCATION AT REFERRAL (please check one)**

- |   |  |
|---|--|
| <input type="checkbox"/> No Formal Education  | <input type="checkbox"/> Associate's degree                                      |
| <input type="checkbox"/> Elementary Education<br>(circle grade) 1 2 3 4 5 6 7 8           | <input type="checkbox"/> Bachelor's degree                                       |
| <input type="checkbox"/> Secondary Education - no HS diploma<br>(circle grade) 9 10 11 12 | <input type="checkbox"/> Master's degree   |
| <input type="checkbox"/> 12 <sup>th</sup> Grade (18-21 services)                          | <input type="checkbox"/> Any degree above a Master's (Ph.D.,<br>Ed.D., J.D)      |
| <input type="checkbox"/> High school diploma  | <input type="checkbox"/> Career/Technical Training Program<br>(No Credential)    |
| <input type="checkbox"/> GED  | <input type="checkbox"/> Career/Technical Training Program<br>(Credential) _____ |
| <input type="checkbox"/> Adult Secondary Education (AE-GED)                               |  |
| <input type="checkbox"/> Postsecondary (1 <sup>st</sup> -4 <sup>th</sup> Year) _____      |  |

Completion Date (month/year) for Highest Level of Education checked above: \_\_\_\_\_

If I am attending school, the name of the school is: \_\_\_\_\_

If I am attending school, I am currently in what year/grade: \_\_\_\_\_  
(H.S. 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, 12<sup>th</sup>/18-21; GED, AE, Career/Tech-Credited/Non, Postsecondary: 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> year; Higher than Bachelor's)

I am a student with a disability in high school: Yes No

I have a current 504 Accommodation Plan: Yes No

I have a current IEP: Yes No

What month/year did you start high school: \_\_\_\_\_

What month/year did/will you graduate: \_\_\_\_\_

Graduation date for highest level of education \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor: Yes No

Offense(s):

\_\_\_\_\_

Date of Conviction(s): \_\_\_\_\_

State Where Conviction(s) occurred: \_\_\_\_\_

Probation/Parole officer is: \_\_\_\_\_

IDOC # \_\_\_\_\_

Date Probation Started: \_\_\_\_\_

Completion Date \_\_\_\_\_

Restitution owed \_\_\_\_\_

\*\*\*\*\*Agency Use Only\*\*\*\*\*

*Next step in establishing eligibility:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Counselor additional information or comments:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_