Welcome to the Idaho Division of Vocational Rehabilitation (IDVR)!

VR is a State agency who can provide services related to employment to eligible people with disabilities to help them gain and maintain employment. Eligibility is based upon an individual's documented disabilities (mental health, substance use disorder, learning disabilities, and/or physical disabilities) that have negatively affected/or is currently affecting employment.

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 VR.

The application process is complete when all steps have occurred.

Though not required, it is helpful to complete the attached VR Intake Form and provide it to VR at your first appointment. Discussion during the intake interview, will be related to your employment and disability history. Providing disability information (diagnosis, treatment, provider contact info, etc.) at the intake interview will help us gather required eligibility documentation.

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

We look forward to working with you!

Idaho Division of Vocational Rehabilitation

A proud partner of the AmericanJobCenter network

All information is important. Please complete all fields.

If you are completing this form for someone else, please provide your name and relationship.

Name: _____ Relationship: _____

☐ **Check this box if you are a previous VR Customer**

If yes, please indicate the office location _____

Personal Information

SSN*: _____ Honorific (suffix): _____

Last Name*: _____ Middle Name: _____

First Name: _____ Preferred Name: _____

Previous Last Name*: _____

Gender*: ☐ Do not wish to self-identify ☐ Male ☐ Female

☐ Other _____ Preferred Pronouns: _____

Birth Date*: _____

Address Information

Home Address*: _____

City*: _____ State*: _____

Zip*: _____ County*: _____

☐ **Check this box if your mailing address is the same as your home address.**

If not please complete the information below.

Mailing Address: _____

City: _____ State: _____

Zip: _____ County: _____

Personal Contact Information

Primary Phone* #: _____ Voice* ☐ Video ☐ Text (SMS) ☐

Other Phone #: _____ Voice ☐ Video ☐ Text (SMS) ☐

E-Mail Address: _____

Cell phone carrier (for email to text): _____

Miscellaneous Information

☐ **Check this box, if you are 18 years old or older and do not wish to self-identify ethnicity/race.**

Please check one of the following*:

☐ Hispanic/Latino ☐ Not Hispanic/Latino

Please check all that apply*:

☐ American Indian or Alaskan Native ☐ Native Hawaiian / Pacific Islander

☐ Asian ☐ White

☐ Black/African American

Please check your preferred language:

☐ English ☐ American Sign Language

☐ Spanish ☐ Other Language _____

☐ **Check this box if you require an interpreter or other communication assistance to conduct business with us.** Please explain:

Contacts Information

If we are unable to reach you, list who we can contact (family, friends, case worker, parole/probation office, etc.)

1. Name: _____ Relationship: _____

Phone #: _____ Voice ☐ Video ☐ Text (SMS) ☐

Email: _____

2. Name: _____ Relationship: _____

Phone #: _____ Voice ☐ Video ☐ Text (SMS) ☐

Email: _____

3. Name: _____ Relationship: _____

Phone #: _____ Voice ☐ Video ☐ Text (SMS) ☐

Email: _____

☐ **Check this box if you are your own legal guardian.** If not, please indicate your legal guardian's contact information:

Guardian's Name: _____

Phone #: _____ Voice ☐ Video ☐ Text (SMS) ☐

Email: _____

☐ **Check this box if you have a Representative Payee for your Social Security benefits.** If you do, please complete the following:

Representative Payee's Name: _____

Phone #: _____ Email: _____

Current Living Arrangement* (Please check the appropriate box)

- ☐ Private Residence (home, apt., live w/family)
- ☐ Correctional Facility
- ☐ Community Residential / Group Home
- ☐ Halfway House
- ☐ Homeless Shelter
- ☐ Mental Health Facility
- ☐ Nursing Home
- ☐ Rehabilitation Facility
- ☐ Substance Abuse Treatment Center
- ☐ Other _____

Current Status* (Please check all that apply)

- ☐ Never Married
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed
- ☐ Currently enrolled in school
- ☐ Veteran
- ☐ US Citizen
- ☐ Non-citizen with current work permit

Referral Information*

Please indicate who referred you to VR _____

Primary Source of Financial Support* (Please check all that apply)

- ☐ Personal Income (employment, interest, dividends, rent, retirement)
- ☐ Family & Friends
- ☐ Public Support (SSI, SSDI, TANF, SSA Retirement, etc.)
- ☐ Other Sources (private disability insurance, private charities, child support, etc.)

Public Support* (check all that apply and be as accurate as possible)

☐ SSDI Status:	☐ Allowed	☐ Denied	☐ Not Receiving Benefits
☐ SSI Status:	☐ Allowed	☐ Denied	☐ Not Receiving Benefits

- ☐ SSI: $ _____
- ☐ SSDI: $ _____
- ☐ SSA Survivor Benefits: $ _____
- ☐ SSA Widow: $ _____
- ☐ VA: $ _____
- ☐ General Assistance: $ _____
- ☐ Unemployment Insurance: $ _____
- ☐ SSA Retirement: $ _____

☐ TANF: $ _____ ☐ Other Disability: $ _____

☐ Worker's Compensation: $ _____ ☐ Other Public Support: $ _____

Medical Insurance Information* (please check all that apply)

☐ Medicaid ☐ Medicare

☐ None ☐ Private Insurance – Employer pending

☐ Private Insurance – through other means ☐ Private Insurance – through own employer

☐ Public Insurance – other sources ☐ State/Federal Affordable Care Act

Employment

☐ **Check this box if you are requesting VR services to maintain current employment**

Work History (Starting with most recent and include applicable volunteer work)

#1 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: $ _____

Start Date (month/year): _____ End Date (month/year): _____

Reason for leaving:

Please tell us what duties your disability made more difficult to perform:

#2 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked _____ Hourly wage: $ _____

Start Date (month/year): _____ End Date (month/year): _____

Reason for leaving: _____

Please tell us what duties your disability made more difficult to perform:

#3 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: $ _____

Start Date (month/year): _____ End Date (month/year): _____

Reason for leaving: _____

Please tell us what duties your disability made more difficult to perform:

#4 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: $ _____

Start Date (month/year): _____ End Date (month/year): _____

Reason for Leaving: _____

Please tell us what duties your disability made more difficult to perform:

#5 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: $ _____

Start Date (month/year): _____ End Date (month/year): _____

Reason for Leaving: _____

Please tell us what duties your disability made more difficult to perform:

Disability

Please list all diagnosed conditions or disabilities:

Please check how your disabilities negatively affect you and your employment? (check all that apply)

- ☐ Stand
- ☐ Walk
- ☐ Sit
- ☐ Lift
- ☐ Bend
- ☐ Use hands or feet
- ☐ See
- ☐ Hear
- ☐ Read
- ☐ Write
- ☐ Concentrate
- ☐ Remember
- ☐ Learn
- ☐ Understand
- ☐ Handle stress
- ☐ Control Emotions
- ☐ Work with others
- ☐ Communicate
- ☐ Other _____

Please Explain:

Education History

If you are currently enrolled in Junior High or High School, what school are you currently attending?

_____

What month/year will you graduate high school? _____

Do you have a current IEP? ☐ Yes ☐ No

Do you have a current 504 Accommodation Plan? ☐ Yes ☐ No

Criminal History

Do you have criminal convictions relevant to employment? ☐ Yes ☐ No

If yes, please list the offense(s):

Date of conviction(s): _____

Current Probation/Parole Officer(s):

☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Federal

***** Thank you! VR looks forward to working with you *****

Agency Use Only

Special Programs

- [ ] Adult Correction-Non-MOA
- [ ] IDOC-MOA – (Regions 1, 3, 4, 5, 7 and 8)
- [ ] Medicaid – Statewide
- [ ] Medicare – Statewide
- [ ] Supported Employment – EES funding
- [ ] Supported Employment – Waivered funding
- [ ] Supported Employment – Other funding
- [ ] None