



## 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 intake interview. Discussion during your intake interview will be related to information needed for the eligibility determination process. Providing disability information (diagnosis, treatment, provider contact info, etc.) at your 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](#)



**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

**I am applying to VR because:**

I want to get a job

I have a job, but I want a job that pays more and/or uses different skills

I need help keeping my job

Other:

**Personal Information**

SSN\*:

Honorific (suffix):

Last Name\*:

Middle Name:

First Name:

Preferred Name:

Previous Last Name\*:

Birth Date\*:

Gender\*:      Do not wish to self-identify

Male

Female

Nonbinary/another gender

Other:

Preferred Pronouns:

Choose one:

I am a U.S. Citizen

I have a U.S. work permit

I am not legally able to work in the U.S.

## 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

Veteran\*

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

American Sign Language  
Other:

Interpreter or other communication assistance required:

## Contacts Information

If we are unable to reach you, 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:

**Public Support\*** (check all that you are currently receiving)

SSDI Status:	Allowed	Denied	Never applied/not Receiving
SSI Status:	Allowed	Denied	Never applied/not Receiving

SSI: \$	SSDI: \$
Survivor Benefits: \$	SSA Widow: \$
VA: \$	Unemployment Insurance: \$
General Assistance: \$	SSA Retirement: \$
TANF: \$	Other Disability: \$
Other Public Support: \$	Worker's Compensation: \$

**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:

**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

**Education History**

If you are currently enrolled in Middle School, Junior High School, 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

# Disabilities

1. What disability do you have?

Where can we get records of this disability?

What is difficult to do because of this disability?

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

2. What disability do you have?

Where can we get records of this disability?

What is difficult to do because of this disability?

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

3. What disability do you have?

Where can we get records of this disability?

What is difficult to do because of this disability?

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

4. What disability do you have?

Where can we get records of this disability?

What is difficult to do because of this disability?

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

My disability has caused difficulty at work or school in the following ways:

**\*\* 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

### **Living Arrangements at Application:**

### **Marital Status:**

### **Currently Enrolled in School:**

### **Referral Source:**

### **Primary Sources of Support:**