



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*

# Intake

(All information is important: please complete all fields)

I am a previous VR Customer:	Yes	No
If yes, where?		

## My Personal Information:

Social Security #:			
Last Name:			
First Name:			
Middle Name:			
Preferred Name:			
Birth Date:			
Gender:	Male	Female	Do not wish to self-identify
Previous Last Name:			

Home Address:
City:
State:
Zip Code:
County:

**Check if mailing address is the same as home address**

Mailing Address:
City:
State:
Zip Code:
County:

Primary Phone:	Voice	Video	Text (SMS)
Secondary Phone:	Voice	Video	Text (SMS)
Email:			

**Check if you do not wish to self-identify ethnicity/race**

**Ethnicity (must check one):**                  Hispanic/Latino                  Not Hispanic/Latino

**Race (must check one or more):**

American Indian or Alaska Native (tribal affiliation):
Asian
Black/African American
Native Hawaiian/Pacific Islander
White

What is your preferred language? English      Spanish      Sign Language      Other
Do you require an interpreter to conduct business with us?      Yes      No
Do you require other communication assistance?      Yes      No
Explain:

Are you legally able to work in the United States?      Yes      No
Are you your own legal guardian?      Yes      No
What is your legal guardian's name?
Legal guardian's phone:      Voice      Video      Fax

**Contacts:** (Examples: Family, Friends, P.O., Case Worker, etc.)

	<b>Name</b>	<b>Relationship</b>	<b>Phone</b>	<b>Ext. #</b>	<b>Voice/Video/Fax</b>
1.					
2.					
3.					

**What is your current living arrangement?**

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

**Marital Status:**

Married      Separated      Divorced      Widowed      Never Married
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<b>Who referred you to VR?</b>
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**Financial:**

Including yourself, number in household:	Number of Dependents:
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**Primary source of income/financial support:**

Personal Income (employment, interest, dividends, rent, retirement, Social Security Retirement)
Family & 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: \$
SSDI: \$	TANF end date:	Other Public Support: \$

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

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

**Employment:**

I am requesting VR services to maintain current employment      Yes      No

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

<b>#1 Employer:</b>
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?

<b>#2 Employer:</b>
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?

<b>#3 Employer:</b>
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?

<b># 4 Employer:</b>
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?

<b>#5 Employer:</b>
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.)

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**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?

What are your employment needs?

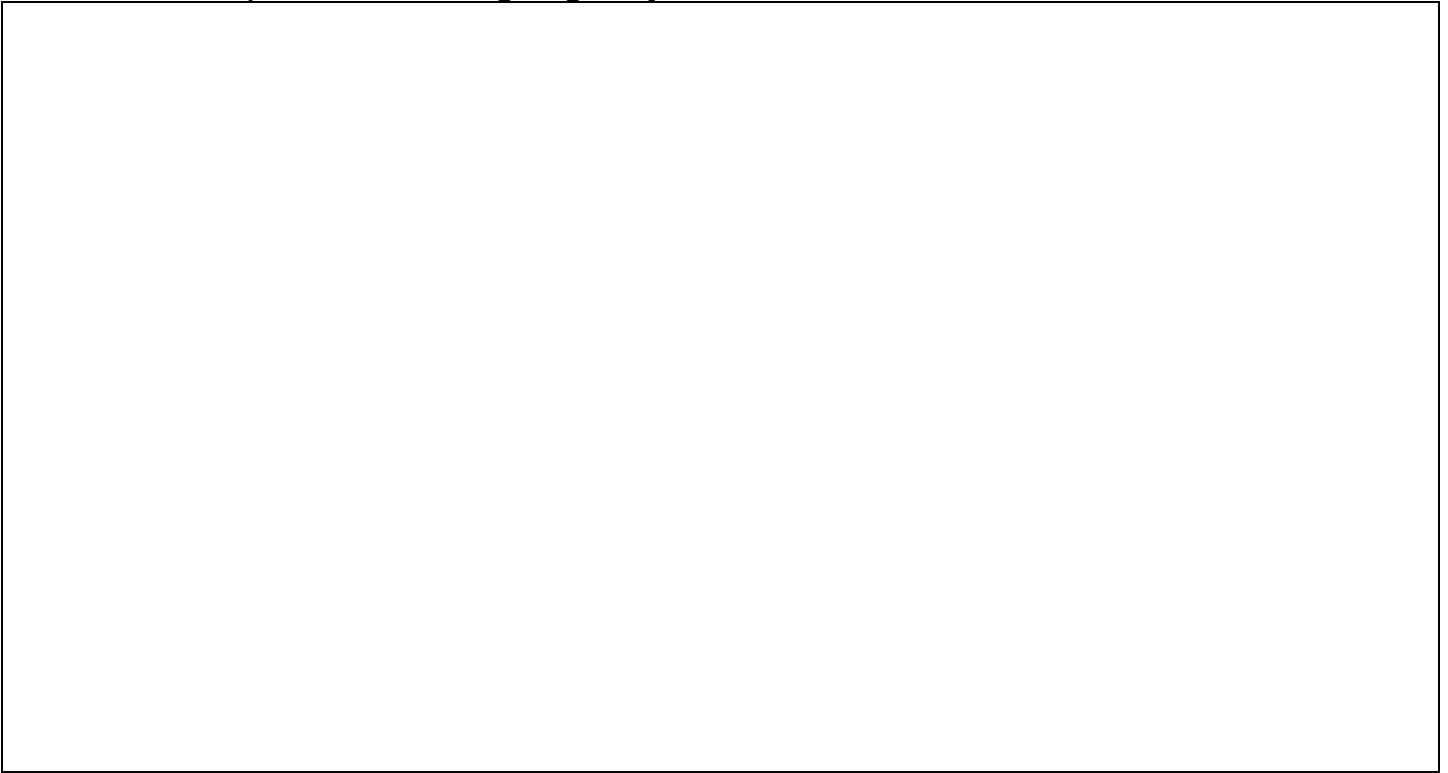
Other needs request:

Do you have a driver's license?	Yes	No
Do you drive?	Yes	No
What is your mode of transportation?		

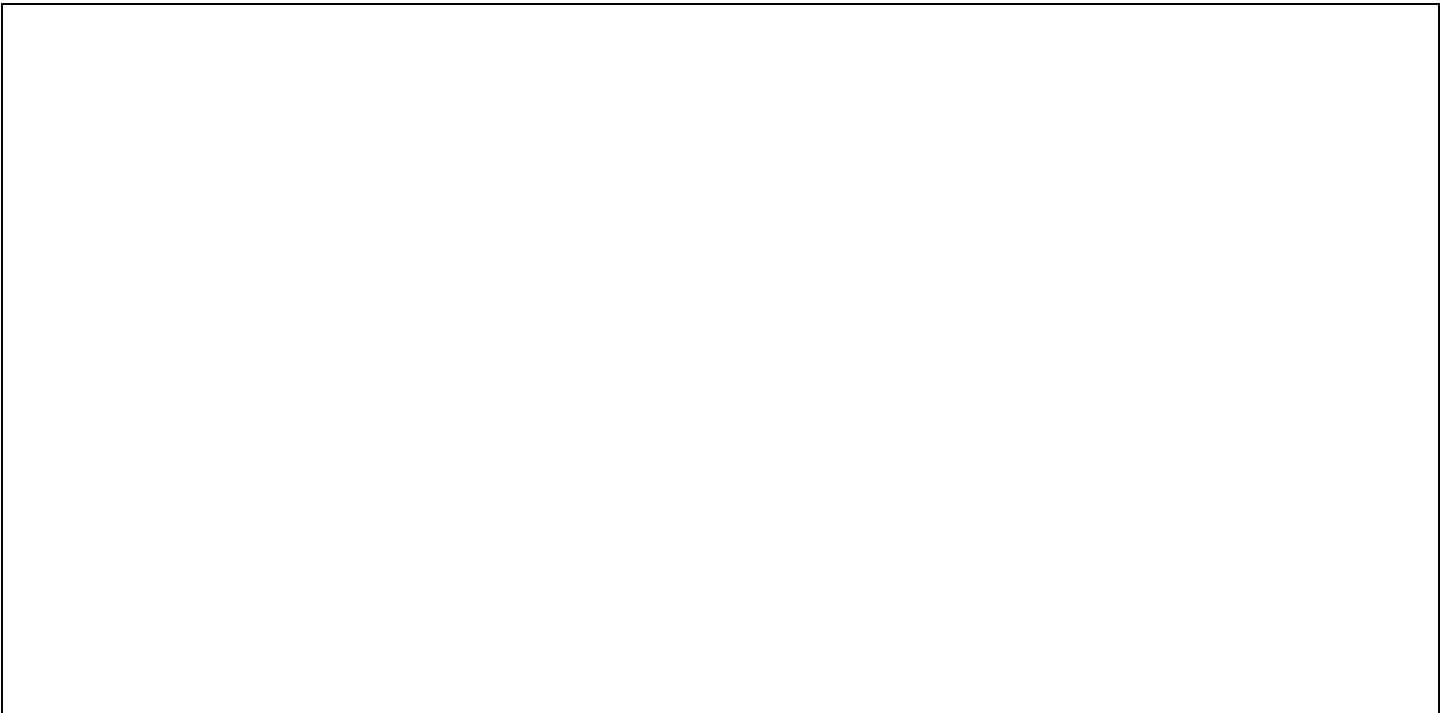


\*\*\*\*\* **Agency Use Only**\*\*\*\*\*

*Next step in establishing eligibility:*

A large, empty rectangular box with a thin black border, intended for handwritten notes or typed text regarding the next step in establishing eligibility.

*Counselor additional information or comments:*

A large, empty rectangular box with a thin black border, intended for handwritten notes or typed text regarding counselor additional information or comments.