

Please complete this form to the best of your abilities. If you need assistance, a Department of Rehabilitation staff member would be happy to assist you.

Last Name:	
Middle Name:	
First Name:	
Social Security Number:	
Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish to Identify	
Phone Number:	
Email:	
Residence and/or Mailing Address:	
Language Preference (including sign language):	
What is your race and ethnicity? <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian <input type="checkbox"/> American <input type="checkbox"/> Guamanian or <input type="checkbox"/> Other Pacific Indian / Alaskan Chamorro Islander Native <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hispanic or <input type="checkbox"/> Vietnamese <input type="checkbox"/> Black or Latino <input type="checkbox"/> White African American <input type="checkbox"/> Japanese <input type="checkbox"/> Do Not Wish to <input type="checkbox"/> Cambodian Identify	
Where do you reside? <input type="checkbox"/> Adult Correctional Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Community Residential Facility or Group Home <input type="checkbox"/> Other <input type="checkbox"/> Halfway House <input type="checkbox"/> Private Residence <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Rehabilitation Facility <input type="checkbox"/> Substance Abuse Treatment Center	

Enrollment for Vocational Rehabilitation Services

<p>Who referred you to the Department of Rehabilitation (DOR)?</p>	
<p>What is your primary source of money or income?</p> <p> <input type="checkbox"/> Family and Friends <input type="checkbox"/> Public Support (SSI, SSDI, TANF, etc.) <input type="checkbox"/> Personal Income <input type="checkbox"/> All Other Sources </p>	
<p>What amount of money do you get each month from the following sources?</p> <p> <input type="checkbox"/> SSI Aged _____ <input type="checkbox"/> SSI Blind _____ <input type="checkbox"/> SSI Disabled (SSI) _____ <input type="checkbox"/> SSDI Disabled _____ <input type="checkbox"/> Veterans' Disability Benefits at Application _____ <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) _____ <input type="checkbox"/> General Assistance (State or Local) _____ <input type="checkbox"/> Workers' Compensation _____ <input type="checkbox"/> Unemployment Insurance _____ <input type="checkbox"/> Other Disability _____ <input type="checkbox"/> Other _____ </p>	
<p>What type of medical insurance do you have?</p> <p> <input type="checkbox"/> Affordable Care Act Exchange (Obamacare) <input type="checkbox"/> Medicare <input type="checkbox"/> Private Insurance Through Other Means <input type="checkbox"/> Private Insurance Through Own Employer Soon <input type="checkbox"/> Medicaid/Medi-Cal <input type="checkbox"/> None <input type="checkbox"/> Private Insurance Through Own Employer </p>	

Public Insurance from Other Sources

Are you a Veteran? Yes No

What year did you graduate high school? _____

What year did you receive your GED? _____

If you are in high school, please answer the following questions:

What high school?

What grade? _____

Do you have a Section 504 Plan? Yes No Don't know

Do you have an Individualized Education Program (IEP)?
 Yes No Don't know

Describe your disability(ies), conditions or issues which impact or affect you.

Describe how your disability, conditions, or issues identified above impact you in your daily activities, school, or current or future job.

Enrollment for Vocational Rehabilitation Services

Describe what type of assistance you might require, or what you would like DOR to provide or help you with. Some examples are Job Exploration and Career Counseling, Training, Education, Job Search and Placement Assistance, Assistive Technology, and Job Coaching.

Are you or will you be a citizen or legally authorized to work in the United States?

Yes

By signing below, I am requesting vocational rehabilitation services to seek employment and confirm that the information provided above is accurate to the best of my knowledge.

Applicant's Signature	Date Signed	Parent/Guardian's Signature (required for minor)

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to correctly identify the individual and provide written consent to obtain or release information for the limited purpose of determining eligibility for or assisting in the delivery of vocational rehabilitation services or release information at the individual's request. (29.U.S.C § 705(2); 34 C.F.R. § 361.38; and Welf. & Inst. Code §§ 19005 and 19011). Please do not provide any personal information on this form that is not requested.