Opportunities for Ohioans with Disabilities

Participant Information/Application for Vocational Rehabilitation Services

PLEASE PRINT

Name (Last)	**First**	**M.I.**	**Suffix** (e.g., Jr.)	**Social Security Number**

Gender ☐ Male ☐ Female | **Birth Date** (mm/dd/yyyy) | **County of Residence**

Home Address (Street)	**City**	**State**	**Zip Code**

Home Phone No.	**Alternate Phone No.**	**E-mail Address**

Race/ethnicity:
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African-American
- ☐ Hispanic/Latino
- ☐ Native Hawaiian/Other Pacific Islander
- ☐ White

Are you a U.S. Citizen? ☐ Yes ☐ No If No, please list your immigration status:

Contact person(s): If you complete this section, you are permitting OOD to disclose to the individual that you have applied for services.

Name	**Address** (Street, City, State, Zip)	**Phone No.**

Where do you live?
- ☐ Assisted Living Center
- ☐ Community Residential/Group Home
- ☐ Correctional Institution, Adult
- ☐ Dependent with Family and Friends
- ☐ Halfway House
- ☐ Homeless/Shelter
- ☐ Independent
- ☐ Mental Health Facility
- ☐ Not Available
- ☐ Nursing Home
- ☐ Private Residence
- ☐ Rehabilitation Facility
- ☐ Substance Abuse Treatment Ctr
- ☐ Other (Indicate)

Would you like to register to vote? ☐ Yes ☐ No ☐ Already registered ☐ Not Eligible

Are you referring yourself? ☐ Yes ☐ No **If No, who is referral source?**

How do you financially support yourself?
- ☐ Personal income
- ☐ Family and friends
- ☐ Public support (Click all that apply):
  ☐SSI, ☐ SSDI, ☐TANF, ☐ Food stamps
- ☐ Other sources, List:

Which types of medical insurance do you receive?
Click all that apply.
- ☐ Medicaid ☐ Medicare ☐ Public through Other Sources
- ☐ Private Ins, through Own Employment
- ☐ Private Ins, through Other Means
- ☐ None ☐ Not Available

What is your highest grade completed?
- ☐ No formal Schooling
- ☐ Elementary education (1-8)
- ☐ Secondary education (9-12), no high school diploma
- ☐ Special Ed.(completion or attendance)
- ☐ High school graduate or equivalency (Reg GED)
- ☐ Post-secondary education, no degree
- ☐ Associate degree or voc/tech cert
- ☐ Bachelor's degree
- ☐ Master's degree or higher

Have you ever received services under an individualized education plan (IEP)? ☐ Yes ☐ No

Are you currently working? ☐ Yes ☐ No **What is your hourly wage?** **How many hours per week?**

Are you currently enrolled in high school? ☐ Yes ☐ No

Are you a Veteran? ☐ Yes ☐ No

What is your disability?

This application will be considered complete when it is initialed and dated by VR Staff or VR Contractor at the time of your appointment.

The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your application, verify your eligibility and provide vocational rehabilitation services, the Opportunities for Ohioans with Disabilities (OOD) may need to access personal information about you, such as your Social Security Number, which is maintained by the OOD. By signing this application, you are requesting that OOD access any personal information necessary to process your application, determine eligibility and provide services. Please note that OOD will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

OOD does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age, veteran or military status, and/or genetic information or in any manner prohibited by law.

I acknowledge that in applying for services, OOD may obtain or release confidential personal information about me as follows:
- to purchase services for me;
- In collaboration with OOD Contractors and Partners on my behalf;
- to report my progress to the agency who referred me to OOD;
- when required by law and to facilitate the administration of the Rehabilitation Act;
- to do research to improve the lives of people with disabilities;
- to the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits; and
- to other state agencies, if applicable.

Signature of Applicant (If under 18, parent/guardian must also sign below)	**Date**
Signature of Parent or Guardian	**Date**

OOD Use Only: I have explained OOD services and procedures, the applicant's rights, confidentiality, the Client Assistance Program (CAP), and the right to register to vote. I have provided the applicant the VR Application Fact Sheet about rights, duties and informed choice. I have also provided a copy of this application in the preferred mode of communication of this applicant. I certify that this application is accurate. **Initials** **Date**

How was this form received? ☐ Electronically ☐ In Person ☐ Mail ☐ Phone ☐ Other:

Original – Counselor Copy – Consumer