

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: **Male** **Female** **Do Not Wish to Identify**

Phone Number:

Email:

Residence and/or Mailing Address:

Language Preference (including sign language):

What is your race and ethnicity?

- | | | |
|---------------------------------|-----------------------|-------------------------|
| American Indian/ Alaskan Native | Chinese | Korean |
| Asian Indian | Filipino | Laotian |
| Black or African American | Guamanian or Chamorro | Other Pacific Islander |
| Cambodian | Hawaiian | Samoan |
| | Hispanic or Latino | Vietnamese |
| | Japanese | White |
| | | Do Not Wish to Identify |

Where do you reside?

- | | | |
|--|----------------------------------|-------|
| Adult Correctional Facility | Nursing Home | Other |
| Community Residential Facility or Group Home | Private Residence | |
| Halfway House | Rehabilitation Facility | |
| Homeless/Shelter | Substance Abuse Treatment Center | |

Who referred you to the Department of Rehabilitation (DOR)?

What is your primary source of income?

Family and Friends

Public Support (SSI, SSDI, TANF, etc)

Personal Income

All Other Sources

What amount of money do you get each month from the following sources?

SSI Aged

SSI Blind

SSI Disabled (SSI)

SSDI Disabled

Veterans' Disability Benefits at Application

Temporary Assistance for Needy Families (TANF)

General Assistance (State or Local)

Workers' Compensation

Unemployment Insurance

Other Disability

Other

What type of medical insurance do you have?

Affordable Care Act Exchange (Obamacare)

Medicare

Private Insurance Through Other Means

Private Insurance Through Own Employer Soon

Medicaid/Medi-Cal

Private Insurance Through Own Employer

Public Insurance from Other Sources

None

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.

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 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.