



Referral to Vocational Rehabilitation

Vocational Rehabilitation (VR) is here to help individuals with disabilities prepare for, advance in, or retain employment.

Date of Referral _____

Name of Individual (Please print)		Date of Birth	Social Security Number
Address (Home)		City	State Zip
Address (Mailing)		City	State Zip
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell		Additional Contact Name	
What is the best method of contact? (Select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify) _____		Additional Contact Phone Number	
		Additional Contact E-mail	
Can VR leave a message at the number listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify	
E-mail Address		Have you ever received services from VR? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		Education Level	
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Does not wish to disclose or self-identify		Race (Check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Does not wish to disclose or self-identify	
Accommodations Do you require an Interpreter? <input type="checkbox"/> Yes, ASL <input type="checkbox"/> Yes other, specify language: Do you require an assistive listening device? <input type="checkbox"/> Yes Do you require translated documents? <input type="checkbox"/> Yes Do you require any other accommodations for your impairment? <input type="checkbox"/> Yes If so, please explain:			
How can VR help you become employed? Vocational Education & Self Advocacy Training			
How did you hear about us? Agency/Vendor/School: GCTE Center Contact Person: Anthony Grant Phone #: (888) 994-0230			

Please complete this page then mail or turn in the referral to the nearest VR office. For a list of offices, go to www.rehabworks.org and then click on "Contact Us" and then select "Directory of Local VR Offices and Vendors"; or you may call our toll free number 1-(800)-451-4327 for more information.

For Office Use Only	Received Date: _____	Outcome of Referral
	<input type="checkbox"/> Phone <input type="checkbox"/> Mail <input type="checkbox"/> In Person <input type="checkbox"/> Fax	<input type="checkbox"/> Completed Application
	Contact Date: _____ Contacted by: _____	<input type="checkbox"/> Decided not to apply
	<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> In Person	<input type="checkbox"/> Missed Orientation
Orientation Scheduled: <input type="checkbox"/> Group <input type="checkbox"/> Individual Date: _____	<input type="checkbox"/> Other _____	
Additional Notes: _____		

local street address line 1 • city, state, zip • phone • fax number