



# APPLICATION FOR VOCATIONAL REHABILITATION SERVICES

ND DEPARTMENT OF HUMAN SERVICES

VOCATIONAL REHABILITATION

SFN 93 (Rev 7-2011)

**I am requesting services through Vocational Rehabilitation (VR) because I intend to become employed or continue in employment.**

Name: Last

First

MI

Maiden/Other Name:

Address:

City:

State:

Zip Code:

Alternate Address:

City:

State:

Zip Code:

E-mail:

Telephone Number:

( )

County of Residence:

Cell Phone:

( )

Date of Birth (Month/Day/Year):

Gender:

Male

Female

Social Security Number:

***When an individual is requested to disclose their social security number, the Privacy Act of 1974 requires the following information be provided:*** Disclosure of the social security number is voluntary and is requested for identification and participation purposes. Failure to disclose this information will not affect your eligibility for this program. Failure to provide the information may result in delays in services.

My Disability is:

**Describe how your disability affects your ability to obtain and/or maintain employment:**

Last School Attended (High School, College):

**For Office Use Only:**

Referral Date:

Counselor:

Disability at Referral:

**Source of Referral** (Select only one):

- Education Institution elementary/secondary [14]
- Education Institution post-secondary [10]
- Community Rehabilitation Program [30]
- Medical Personnel [32]
- Human Service Center/State Hospital/  
Developmental Center [38]
- Public Welfare Agency (state or local govt.) [40]
- Private Welfare Agency [44]
- Social Security [50]
- Workforce Safety & Insurance Agency [52]
- Job Service [53]
- Correctional Institution, Court, Officer [56]
- Employer [62]
- Self-referral [70]
- Family/Friend/Acquaintance [77]
- Media [78]
- Other [79]

**Work Status** (Select only one):

- \* Employed [1]
- \* Employed, with supports [11]
- \* Self Employed [3]
- \* Randolph Sheppard Program [4]
- \* Sheltered Workshop [2]
- Homemaker [5]
- Unpaid Family Worker [6]
- Not employed: Student in Secondary Ed [10]
- Not employed: All Other Students [7]
- Not employed: Trainee, Intern or Volunteer [9]
- Not employed: Other [8]

\* If selected,  
Earnings per week: \$

\* If selected,  
Hours worked per week:

**Race/Ethnicity** (Select all that apply):

- White/Caucasian
- Black/African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino **NOTE: If Hispanic or Latino is selected, at least one other race must also be selected.**

**Highest Level of Education Attained** (Select only one):

- No formal schooling [0]
- Elementary education (grades 1-8) [1]
- Secondary education, no high school diploma (grades 9 -12) [2]
- Special Education Certificate of Completion or Attendance; received Special Education but no certificate; currently in Special Education [3]
- High school graduate or equivalence certificate (GED) (regular education students) [4]
- Post-secondary education, no degree [5]
- Associate degree or Vocational/Technical Certificate [6]
- Bachelor's Degree [7]
- Master's Degree or higher [8]

**Have you ever received services under an Individualized Education Program (IEP)?**

Yes

No

**Number of Dependents:**  
(Do not count yourself)



<b>Medical Services</b>			
<b>I have received medical services relating to my disability at the following</b> (Provide Names/Dates of visits to hospital, clinic or doctor):			
			Date:
<b>List below the name of an individual (other than spouse) who will always know how to contact you:</b>			
<b>Name:</b>		<b>Please initial here to indicate your permission to contact this person, if necessary:</b>	
<b>Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip Code:</b>
<b>E-mail:</b>			
<b>Telephone Number:</b> (   )		<b>Cell Phone:</b> (   )	
The Division of Vocational Rehabilitation may exchange with the Department of Human Services the following information: name, social security number, program status, and demographic data including date of birth, race, and gender. This information is necessary for the purpose of collecting, reporting and analyzing data, as well as to facilitate access to services or programs offered by the Department of Human Services. Other than these situations, information will only be released to sources upon my individual written consent as authorized by law.			
<b>I understand that I am requesting Vocational Rehabilitation services and will actively work with VR, as I intend to become employed or continue my current employment.</b>			
<b>Applicant Signature</b>			<b>Date:</b>
<b>Parent Signature (If Applicant is Under Age 18)</b>			<b>Date:</b>
<b>Legal Guardian Signature</b>			<b>Date:</b>

This form is available in an alternate format upon request.