



AWARE ND APPLICATION SUPPLEMENT
DEPARTMENT OF HEALTH AND HUMAN SERVICES
VOCATIONAL REHABILITATION
SFN 185 (1-2024)

Name			
Living Arrangement at Application (check only one)			
<div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Private Residence</div><div style="width: 33%;"><input type="checkbox"/> Halfway House</div><div style="width: 33%;"><input type="checkbox"/> Rehabilitation Facility</div><div style="width: 33%;"><input type="checkbox"/> Community Residential/Group Home</div><div style="width: 33%;"><input type="checkbox"/> Homeless/Shelter</div><div style="width: 33%;"><input type="checkbox"/> Substance Abuse Treatment Center</div><div style="width: 33%;"><input type="checkbox"/> Correctional Facility</div><div style="width: 33%;"><input type="checkbox"/> Mental Health Facility</div><div style="width: 33%;"><input type="checkbox"/> Other</div><div style="width: 33%;"><input type="checkbox"/> Deaf School/Other Inst. For Deaf</div><div style="width: 33%;"><input type="checkbox"/> Nursing Home</div></div>			
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No - Do you have legal authorization to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No You will be asked to provide documentation.			
Are you currently enrolled in school, or enrolling this upcoming term? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about Vocational Rehabilitation (VR)? Referral Source (check only one)			
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Adult Education</div><div style="width: 50%;"><input type="checkbox"/> Job Service ND</div><div style="width: 50%;"><input type="checkbox"/> American Indian VR Services Program (AIVRS)</div><div style="width: 50%;"><input type="checkbox"/> Legal System/Law Enforcement/Correctional Facility</div><div style="width: 50%;"><input type="checkbox"/> Behavioral Health (HSC)/Mental Health Provider</div><div style="width: 50%;"><input type="checkbox"/> Media</div><div style="width: 50%;"><input type="checkbox"/> Centers for Independent Living</div><div style="width: 50%;"><input type="checkbox"/> Medical Personnel</div><div style="width: 50%;"><input type="checkbox"/> College/University/Post-secondary Training Program</div><div style="width: 50%;"><input type="checkbox"/> School for the Blind/School for the Deaf</div><div style="width: 50%;"><input type="checkbox"/> Community Org/Faith Based/Homeless Shelters</div><div style="width: 50%;"><input type="checkbox"/> Self-Referral</div><div style="width: 50%;"><input type="checkbox"/> Community Rehabilitation Program (CRP)</div><div style="width: 50%;"><input type="checkbox"/> Social Security/Disability Determination Services (DDS)</div><div style="width: 50%;"><input type="checkbox"/> Elementary or High School</div><div style="width: 50%;"><input type="checkbox"/> Sub-minimum Wage (511 Interview)</div><div style="width: 50%;"><input type="checkbox"/> Employer</div><div style="width: 50%;"><input type="checkbox"/> Temporary Assistance for Needy Families (TANF/SNAP)</div><div style="width: 50%;"><input type="checkbox"/> Family/Friends/Acquaintances</div><div style="width: 50%;"><input type="checkbox"/> Veterans' Benefits/Veterans' Health Administration</div><div style="width: 50%;"><input type="checkbox"/> HSC Developmental Disabilities/ND Life Skills Center</div><div style="width: 50%;"><input type="checkbox"/> Workforce Safety and Insurance (WSI)</div><div style="width: 50%;"><input type="checkbox"/> Job Corps</div></div>			
Number of Dependents (do not count yourself)			
Primary Source of Support (check only one that represents your largest source of economic support)			
<input type="checkbox"/> Personal Income (earnings, interest, dividends, rent, retirement, including social security) <input type="checkbox"/> Family, Friends (includes earnings of spouse, spouse's unemployment insurance checks, family member's public support) <input type="checkbox"/> Public support received by the applicant (SSI, SSDI, TANF, etc.) <input type="checkbox"/> All Other Sources of Support (e.g., private disability insurance and private charities)			
SSDI Status (check only one)		SSI Status (check only one)	
<input type="checkbox"/> Applicant Allowed Benefits <input type="checkbox"/> Not an Applicant		<input type="checkbox"/> Applicant Allowed Benefits <input type="checkbox"/> Not an Applicant	
Benefit (check all that apply)	Monthly Amount	Benefit (check all that apply)	Monthly Amount
<input type="checkbox"/> SSI		<input type="checkbox"/> Workforce Safety (WSI)	
<input type="checkbox"/> SSDI		<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> VA		<input type="checkbox"/> Other Disability	
<input type="checkbox"/> TANF		<input type="checkbox"/> Other*	

* Other includes Social Security survivor benefits and/or child benefits

Medical insurance Information (check all that apply)	
<input type="checkbox"/> Affordable Care Act (ACA) Exchange	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Medicare	<input type="checkbox"/> None
<input type="checkbox"/> Private Insurance – other means (parent/family)	<input type="checkbox"/> Private Insurance through employer pending
<input type="checkbox"/> Private Insurance through own employer	<input type="checkbox"/> Workforce Safety Insurance/Other public insurance
Name of Medical Insurance Company	
Are you requesting services to maintain employment?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you involved in any other VR programs or Special Programs (check all that apply)	
<input type="checkbox"/> American Indian VR (121)	<input type="checkbox"/> Other State VR Program
<input type="checkbox"/> Veterans Affairs (VA Voc Rehab)	<input type="checkbox"/> Adult Education
	<input type="checkbox"/> Job Corps
	<input type="checkbox"/> Job Service

MEDICAL SERVICES

I have received medical services relating to my disability at the following: (provide names/dates of visits to hospital, clinic, or doctor)

Name	Date (MM/YYYY)

WORK HISTORY

Employer			
Job Title			
Duties			
Reason for Leaving			
Start Date (MM/YYYY)	End Date (MM/YYYY)	Hours Worked per Week	Salary
			<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Yearly

WORK HISTORY (continued)

Employer				
Job Title				
Duties				
Reason for Leaving				
Start Date (MM/YYYY)	End Date (MM/YYYY)	Hours Worked per Week	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly

Employer				
Job Title				
Duties				
Reason for Leaving				
Start Date (MM/YYYY)	End Date (MM/YYYY)	Hours Worked per Week	Salary	<input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Yearly

Are you a Veteran?
<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

Section 1. Complete this section only if still in high school. If you have exited high school, go to Section 2.

Current Grade	School Name	Expected Graduation/Exit Date
Is student on an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is student on a 504 Accommodation Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No

VR Staff Instructions for Data Entry:

- On the Education page, enter the current grade with an approximate start date and leave the end date and outcome blank.
- Select the school and designate Yes or No for IEP and 504 on the School page for the current grade.

If you are still in high school, the rest of this page does not apply. Go to page 4.

Section 2. Complete this section if you are attending post-secondary education. If you have exited post-secondary education, skip this section and continue with Section 3.

Current Year Post-Secondary
VR Staff Instructions for Data Entry: <ul style="list-style-type: none">• On the Education page, enter the current level of post-secondary education with an approximate start date and leave the end date and outcome blank.
Continue with Section 3.

Section 3.

<input type="checkbox"/> I have exited high school with no diploma or GED.	Highest Grade Completed
<input type="checkbox"/> I have a high school diploma.	Approximate Date Attained
<input type="checkbox"/> I have a GED.	Approximate Date Attained

Complete the following if you have received any post-secondary education after a high school diploma or GED

<input type="checkbox"/> 1st Year Post-secondary	<input type="checkbox"/> Career/Technical Training Program (No Credential)
<input type="checkbox"/> 2nd Year Post-secondary	<input type="checkbox"/> Career/Technical Training Program (Credential)
<input type="checkbox"/> 3rd Year Post-secondary	<input type="checkbox"/> On-the-Job Training (OJT)/Apprenticeship
<input type="checkbox"/> 4th Year Post-secondary	
<input type="checkbox"/> Post-secondary beyond 4th year	

Did the post-secondary education above result in credential attainment?

☐ Yes - Check highest credential received below: ☐ No

<input type="checkbox"/> Vocational/Technical License	<input type="checkbox"/> Vocational/Technical Certificate	<input type="checkbox"/> Associate Degree
<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Doctorate Degree

Approximate Date Attained

VR Staff Instructions for Data Entry:

- On the Characteristics at Plan page, enter secondary and post-secondary credentials earned and date of attainment.
- Enter all credentials earned and date of attainment.

VR Staff Instructions for Data Entry:

- Enter this data on the Offense page, enter all offenses below:

OFFENDER STATUS

[illegible]