



OHIO REHABILITATION SERVICES COMMISSION BACKGROUND INFORMATION

Name: _____

RSC is required to collect and report data about our consumers. This information helps us to track and evaluate our services to Ohioans with disabilities. Please complete the following:

Demographic Information

Please indicate your race:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander

Please check below if you are of Hispanic or Latino ethnicity:

- Hispanic or Latino (*if checked, please also indicate at least one race category above)

Living Arrangements

Please indicate your current living arrangements:

- Private Residence (by yourself or with family or friends) (01)
- Group Home (02)
- Rehabilitation Facility (03)
- Mental Health Facility (04)
- Nursing Home (05)
- Adult Correctional Facility (06)
- Halfway House (07)
- Substance Abuse Treatment Center (08)
- Homeless/Shelter (09)
- Other (10)

Sources of Support

Please indicate any of the following sources of support that you currently receive (including amounts):

<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	\$
<input type="checkbox"/> General Assistance/Welfare	\$
<input type="checkbox"/> Veteran's Disability Benefits	\$
<input type="checkbox"/> Worker's compensation	\$
<input type="checkbox"/> Other, Specify:	\$

What is your largest source of income at the present time:

- Personal Income
- Family and Friends
- Public Support (SSI, SSDI, TANF)
- All other Sources

Please indicate your current medical insurance coverage:

- Medicaid
- Medicare
- Other Public Insurance
- Private Insurance Through own Employment
- Private Insurance Through other Means

Educational Background

Please check the highest level of education you have completed:

- No Formal Schooling (0)
- Grades 1 – 8 (1)
- Grades 9 – 12, no high school diploma (2)
- Special Education Certificate (3)
- High School Graduate (or GED) (4)
- Post Secondary Education, no degree (5)
- Associates Degree or Vocational/Technical Certificate (6)
- Bachelor's Degree (8)
- Master's Degree or higher (9)

Did you participate in special education while in school?

- No, I did not have an IEP (Individualized Education Program) (0)
- Yes, I had an IEP (1)

Employment Status

Please indicate your current employment status:

- Employed (without supports) in an integrated setting (01)
- Employed in a non-integrated setting (workshop or enclave) (02)
- Self-Employed (not through RSC's Business Enterprise Program) (03)
- Employed through the Business Enterprise Program (04)
- Homemaker (05)
- Unpaid Family Worker (06)
- Employed (with supports) in an integrated setting (07)
- Not Employed: High School Student (08)
- Not Employed: All other Students (09)
- Not Employed: Trainee, Intern, or Volunteer (10)
- Not Employed: Other (11)

If you are employed, what is your average weekly earnings:

If you are employed, what is your average hours per week worked:

Veterans Status

Are you a veteran? Yes No

Additional Information

Name:

Birthdate:

Age:

School attending:

Address of school:

Current grade in school:

Graduation date:

Name of V.I.. teacher or liaison:

Contact information for liaison:

Date of recent eye exam:

Eye physician:

Contact information for Dr:

Please bring social security card and picture I.D. to the initial meeting.