



Rehabilitation Services Commission

Application for Vocational Rehabilitation Services

PLEASE PRINT

Name (Last), First, M.I., Suffix (i.e., Jr.), Social Security Number, Home Address (Street), City, State, Zip Code, Home Phone No., Alternate Phone No., Date of Birth, County of Residence, E-mail Address, Are you referring yourself?

What is your disability?

Where do you live?

- Private residence, Community residential/group home, Rehabilitation facility, Mental health facility, Nursing home, Halfway house, Adult correctional facility, Substance abuse/treatment ctr, Homeless shelter, Assisted living center, Other

Are you a U.S. Citizen? Yes No If no, please list your immigration status:

Race/ethnicity:

- White, Asian, Black/African-American, Hispanic/Latino, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander

Would you like to register to vote?

- Yes No, Already registered

What is your highest grade completed?

- No formal education, Elementary education (1-8), Secondary education, no diploma (9-12), Special education cert. of completion/diploma of attendance, High school graduate or equivalency (Reg GED), Post-secondary education, no degree, Associate degree, or voc/tech cert, Bachelor's degree, Master's degree or higher

Are you currently enrolled in high school? Yes No

Have you ever received services under an individualized education plan (IEP)? Yes No

Are you currently working? Yes No What is your hourly wage? How many hours per week?

How do you financially support yourself?

- Personal income, Family and friends, Public support (Click all that apply: SSI, SSDI, TANF, food stamps), All other sources

Which types of medical insurance do you receive?

- Medicaid, Medicare, Private, None

Contact person(s): If you complete this section, you are permitting RSC to disclose to the contact person that you have applied for services.

Name, Address, Phone No.

The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your application, verify your eligibility and provide vocational rehabilitation services, the Rehabilitation Services Commission (RSC) may need to access personal information about you, such as your Social Security Number, which is maintained by the Commission. By signing this application, you are requesting that RSC access any personal information necessary to process your application, determine eligibility and provide services. Please note that RSC will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

RSC does not discriminate against any applicant for services on the basis of age, color, creed, national origin, race, sex, type of disability or in any manner prohibited by law.

I acknowledge that in applying for services, RSC will obtain/or release the following information about me:

- To purchase services for me.
In collaboration with VRP3 partners on my behalf.
To report my progress to the agency who referred me to RSC.
When required by law and to facilitate the administration of the Rehabilitation Act.
To do research to improve the lives of people with disabilities.
To the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits, if applicable.
To other state agencies, if applicable.

Signature of Applicant (if under 18, parent/guardian must sign), Date of Application

Signature of Parent or Guardian, Date of Application

RSC Use Only: I have explained RSC services and procedures, consumer rights, confidentiality, the Client Assistance Program (CAP), and the right to register to vote; provided Consumer Fact Sheet for Application about rights and duties and informed choice; and provided the consumer with a copy of this application. I have done so in the preferred mode of communication of this consumer. Initials Date

This application was received. Initials Date