

Please return the completed form to:

The University of the State of New York  
**THE STATE EDUCATION DEPARTMENT**  
 Office of Adult Career and Continuing  
 Education Services-Vocational Rehabilitation  
 (ACCES-VR)

**Application for VR Services**

VR-04 (7/14)

Please print or type all entries

<b>NAME</b> Last First Middle Initial		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
If you have been known by <b>another name</b> , enter here: Last First Middle Initial		
<b>HOME ADDRESS</b> Street		Apartment Number
City	State	Zip + 4 Code
		County
		SOCIAL SECURITY NUMBER □□□-□□-□□□□
If your <b>MAILING ADDRESS</b> is different than your home address, please complete the mailing address information below.		
<b>MAILING ADDRESS</b> Street		Apartment Number
City	State	Zip + 4 Code
		County
PHONE NUMBER(S) where we can reach you or leave a message: Area code 1. ( ) - Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>		Best time to call 1. 2.
Area code 2. ( ) Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>		DATE OF BIRTH Month Day Year □□-□□-□□
Email: _____		
Race/Ethnicity-Choose <u>ALL</u> that apply. If left blank ACCES will complete. If Hispanic or Latino is checked, please check additional box.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (includes Indian Subcontinent) <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
What is your disability?	Who referred you to us?	MARITAL STATUS: (Circle Response) (1) Married; (2) Widowed; (3) Divorced (4) Separated (5) Never Married
<b>I hereby apply for rehabilitation services:</b> Date _____		Signature of applicant, parent, or legal guardian.
<b>X</b> (Sign here.)		

••• Please answer the questions below and on the back of this form. •••

You do not have to answer these questions now, but your answers will help ACCES-VR process your application.

Have you ever received services from ACCES-VR or its former name, the Office of Vocational and Educational Services for Individuals with Disabilities (VESID)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now receiving services from one or more agencies?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered yes, indicate agency name(s), address(es) and contact person(s):</b>
(1)
(2)
Describe how your disability limits your ability to work.

What services are you seeking from ACCES-VR?

Are you disabled because of a work-related injury?  Yes  No  
Do you use any assistive devices or aids?  Yes  No  
Do you have a NYS driver's license?  Yes  No  
Do you have a driver's license from a state other than New York?  Yes  No  
Do you have access to a motor vehicle?  Yes  No  
Do you use public transportation?  Yes  No  
Are you able to leave your home?  Yes  No

Are you a veteran?  Yes  No  
Are you a citizen of the United States?  Yes  No  
If no, are you legally permitted to work in this country?  Yes  No  
Check the benefits you now receive?  
 SSI  SSDI  Workers Compensation  
 Other, specify \_\_\_\_\_

Do you regularly see a doctor or clinic about your disability?  Yes  No, If yes, indicate date of last visit: \_\_\_\_\_  
Please provide the name and address of doctor(s) and clinic(s):  
(1) (2)

Circle the highest grade you have successfully completed, and check the applicable box(es)  
1 2 3 4 5 6 8 9 10 11 12 GED or High School Equivalency Diploma  Yes  No 13 14 15 16 College 17 Graduate School 20 Doctorate  
Special Education  Yes  No Do you now attend high school?  Yes  No Indicate college degree(s) earned: \_\_\_\_\_

Name and address of school you last attended: *Name of School* *Address*

**List below other people in your household**

Full Name	Age	Their Relationship to You

**List below the people ACCES-VR can contact if we are unable to reach you using the information on page 1.**

Name	Address	Phone

**List below your work history (include attachments for additional jobs, if necessary)**

Employer Name and Address	Dates Employed From - To	Weekly Earnings	Job Title and Duties, and Reason for Leaving

**Persons applying for or receiving rehabilitation services have the right to have any actions or decisions of this Office reviewed. A description of the review process and form can be obtained from any ACCES-VR District Office.**

**All information will be kept confidential and is subject to verification.**

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