VR Application Worksheet

Client Information:

First Name	
Last Name	
Date of Birth	
Student with a Disability?	
If yes, IEP or 504?	
Social Security Number	
Are you your own guardian?	
Primary Email	
Secondary Email	
Phone Number	
Secondary Number	
Preferred Method of Contact	
Preferred Media (Electronic, large print, Braille)	
Other Contact Information	
Marital Status	Divorced Married Never Married Separated Widowed

Citizenship	Naturalized U.S. Citizen U.S. Citizen or National by Birth in the U.S. or U.S. Territory/Commonwealth U.S. Citizen or Nation by Birth, Born to U.S. Parents in a Foreign Country Not a U.S. Citizen
Ethnicity	Did Not Self Identify Hispanic or Latino Not Hispanic or Latino
Veteran?	
If yes, do you receive veteran benefits?	
Gender	Male Female Did not identify
Race-choose all that apply	American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Did not self-identify his/her race
Languages-choose all that apply	English Spanish American Sign Language (ASL) French German Italian Japanese Portuguese Vietnamese Greek Other:
Mailing Address	Street: City: State: County:
Physical Address (if different)	Street: City: State: County:

Registered to Vote?	
State issued driver's license?	
State issued ID?	

Program Information

Source of referral	
Living arrangement	
What is your disability	
What is the cause of your disability?	
SSI due to blindness?	
SSDI due to blindness?	
Public support	0 - Individual does not receive public support 1 - Individual receives Social Security Disability Insurance (SSDI) 2 - Individual receives Supplemental Security Income (SSI) 3 - Individual receives Temporary Assistance for Needy Families (TANF) 4 - Individual receives other public support from another source
Medical insurance coverage at application	0 - Applicant does not have medical insurance coverage 1 - Applicant has Medicaid 2 - Applicant has Medicare 3 - Applicant is receiving benefits through the State or Federal Affordable Care Act Exchange at the time of application 4 - Applicant has public insurance outside of Medicare, Medicaid, or the Affordable Care Act exchange 5 - Applicant has private insurance through employer 6 - Applicant is not eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment 7 - Applicant has private insurance through other means

Educational Information: Highest level of education Date of graduation	
Social/Recreational	
Work History/Vocational Goals:	
Attitude regarding blindness	