



STATE OF MISSOURI  
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
**DIVISION OF VOCATIONAL REHABILITATION**

**QUESTIONNAIRE FOR VOCATIONAL REHABILITATION SERVICES**

PLEASE PRINT

SHADED AREAS FOR AGENCY USE ONLY

**BASIC INFORMATION**

NAME (LAST)		FIRST	MI	SUFFIX (I.E., JR.)	SOCIAL SECURITY NO.	
RESIDENCE ADDRESS (STREET)			CITY		STATE	ZIP CODE
MAILING ADDRESS (STREET)			CITY		STATE	ZIP CODE
HOME PHONE NO.		ALTERNATE PHONE NO.		OTHER NAME(S) (I.E., MAIDEN)		
COUNTY OF RESIDENCE	E-MAIL ADDRESS		WHO REFERRED YOU TO VR?		REFERRAL DATE	

**DEMOGRAPHICS**

DATE OF BIRTH	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	NO. OF PEOPLE IN YOUR FAMILY	NO. OF DEPENDENTS UNDER AGE 18
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE LIST YOUR IMMIGRATION STATUS			
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> WIDOWED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED			
RACE/ETHNICITY: <input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> BLACK/AFRICAN AMERICAN <input type="checkbox"/> HISPANIC/LATINO <input type="checkbox"/> NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER			ARE YOU A MILITARY VETERAN? <input type="checkbox"/> YES <input type="checkbox"/> NO

DISABILITY

CAUSE OF DISABILITY	DATE OCCURRED
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**EDUCATION**

HIGH SCHOOL DIPLOMA OR GED CERTIFICATE <input type="checkbox"/> YES <input type="checkbox"/> NO	HIGHEST GRADE COMPLETED	
<input type="checkbox"/> NO FORMAL SCHOOLING <input type="checkbox"/> ELEMENTARY ED (1-8) <input type="checkbox"/> SECONDARY ED, NO DIPLOMA (9-12) <input type="checkbox"/> SPEC ED CERT OF COMP/DIPLOMA OR ATTENDANCE <input type="checkbox"/> HIGH SCHOOL GRAD OR EQUIVALENCY (REG ED) <input type="checkbox"/> POSTSECONDARY ED, NO DEGREE <input type="checkbox"/> ASSOCIATE DEGREE OR VOC/TECH CERT <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> MASTER'S DEGREE OR HIGHER		
ARE YOU A STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER HAD AN IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	SCHOOL DIST
DO YOU CURRENTLY HAVE AN IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRANSITION CASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
SCHOOLS ATTENDED		
OTHER TRAINING		

**MEDICAL INSURANCE**

DO YOU RECEIVE: MEDICAID <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICARE <input type="checkbox"/> YES <input type="checkbox"/> NO	WORKERS COMPENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL INSURANCE THROUGH EMPLOYER <input type="checkbox"/> YES <input type="checkbox"/> NO		
MEDICAL INSURANCE THROUGH OTHER MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF PRIVATE COVERAGE		

**EMPLOYMENT**

WHEN DID YOU LAST WORK? (MO/YR)	NO. OF JOBS HELD LAST 3 YEARS	NO. OF MONTHS AT LONGEST JOB	
<input type="checkbox"/> EMPLOYED W/OUT SUPPORTS <input type="checkbox"/> EXTENDED EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> STATE AGENCY BEP <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> UNPAID FAMILY WORKER <input type="checkbox"/> EMPLOYED W/SUPPORTS <input type="checkbox"/> NOT EMP: SEC ED <input type="checkbox"/> NOT EMP: OTHER STUDENT <input type="checkbox"/> NOT EMP: TRAINEE, INTERN, VOLUNTEER <input type="checkbox"/> NOT EMP: OTHER			
EMPLOYMENT HISTORY (LIST CURRENT OR MOST RECENT EMPLOYERS)			
EMPLOYER NAME		CITY	STATE
JOB TITLE	FROM/TO	HOURLY WAGE	HOURS WORKED WEEKLY
REASON FOR LEAVING: <input type="checkbox"/> STILL EMPLOYED <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED <input type="checkbox"/> JOB ENDED <input type="checkbox"/> OTHER:			
EMPLOYER NAME		CITY	STATE
JOB TITLE	FROM/TO	HOURLY WAGE	HOURS WORKED WEEKLY
REASON FOR LEAVING: <input type="checkbox"/> STILL EMPLOYED <input type="checkbox"/> LAID OFF <input type="checkbox"/> QUIT <input type="checkbox"/> FIRED <input type="checkbox"/> JOB ENDED <input type="checkbox"/> OTHER:			

<b>INCOME</b>			
<b>PLEASE CHECK YES OR NO AND PROVIDE MONTHLY AMOUNT, IF APPLICABLE</b>	<b>YES</b>	<b>NO</b>	<b>MONTHLY AMOUNT</b>
IS YOUR MAJOR SOURCE OF INCOME FAMILY AND/OR FRIENDS?			
<b>DO YOU RECEIVE:</b>			
SOCIAL SECURITY DISABILITY INCOME (SSDI)			\$
SUPPLEMENTAL SECURITY INCOME AGED (SSI-A)			\$
SUPPLEMENTAL SECURITY INCOME DISABLED (SSI-D)			\$
TEMPORARY ASSISTANCE TO NEEDY FAMILIES (TANF)			\$
GENERAL ASSISTANCE (GA)			\$
VETERANS DISABILITY (VA)			\$
WORKERS COMPENSATION			\$
OTHER TYPES OF PUBLIC ASSISTANCE			\$
OTHER TYPES OF DISABILITY ASSISTANCE			\$
UNEMPLOYMENT COMPENSATION			\$
PRIVATE RELIEF AGENCY			\$
PUBLIC INSTITUTION TAX SUPPORTED			\$
ANNUITY OR OTHER PRIVATE NON-DISABILITY INSURANCE BENEFITS, INTEREST AND DIVIDENDS			\$
OTHER FAMILY MEMBER INCOME			\$
FOOD STAMPS			
<b>OTHER INFORMATION</b>			
DO YOU HAVE A DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO LIST ANY ENDORSEMENTS (I.E., CDL, HAZ MAT):			
LIST ANY RESTRICTIONS TO YOUR LICENSE			
DO YOU HAVE TRANSPORTATION? <input type="checkbox"/> YES <input type="checkbox"/> NO HOW WILL YOU GET TO WORK? <input type="checkbox"/> AUTO <input type="checkbox"/> BUS <input type="checkbox"/> WALK <input type="checkbox"/> OTHER			
<b>LEGAL HISTORY</b>			
HAVE YOU BEEN OR CURRENTLY: <input type="checkbox"/> CONVICTED OF ONE OR MORE FELONIES <input type="checkbox"/> EXPERIENCING LEGAL PROBLEMS <input type="checkbox"/> CONVICTED OF ONE OR MORE MISDEMEANORS <input type="checkbox"/> CURRENTLY ON PROBATION OR PAROLE <input type="checkbox"/> NONE OF THE ABOVE			
PROBATION/PAROLE OFFICER NAME			TELEPHONE NO.
SD: <input type="checkbox"/> PRIORITY CATEGORY III <input type="checkbox"/> PRIORITY CATEGORY II <input type="checkbox"/> PRIORITY CATEGORY I			
SPECIAL PROGRAMS: <input type="checkbox"/> NONE <input type="checkbox"/> PWI <input type="checkbox"/> COOP <input type="checkbox"/> VETERAN <input type="checkbox"/> MIGRANT IN PROJECT <input type="checkbox"/> MIGRANT NOT IN PROJECT			
PLEASE CHECK THE DESCRIPTION WHICH BEST DESCRIBES YOUR LIVING ARRANGEMENTS: <input type="checkbox"/> PRIVATE RESIDENCE <input type="checkbox"/> COMMUNITY RESIDENTIAL/GROUP HOME <input type="checkbox"/> REHABILITATION FACILITY <input type="checkbox"/> MENTAL HEALTH FACILITY <input type="checkbox"/> NURSING HOME <input type="checkbox"/> ADULT CORRECTIONAL FACILITY <input type="checkbox"/> HALFWAY HOUSE <input type="checkbox"/> SUBSTANCE/ABUSE TREATMENT CENTER <input type="checkbox"/> HOMELESS SHELTER <input type="checkbox"/> OTHER			
<b>CONTACT PERSON(S) AND RELATIONSHIP</b>			
NAME	ADDRESS	PHONE NO.	
NAME	ADDRESS	PHONE NO.	
IN WHAT WAY CAN VOCATIONAL REHABILITATION HELP YOU BECOME EMPLOYED?			
<b>PLEASE STOP – COMPLETE THIS SECTION ONLY UPON MEETING WITH YOUR VOCATIONAL REHABILITATION REPRESENTATIVE.</b>			
<ul style="list-style-type: none"> <li>I hereby apply for Vocational Rehabilitation services in order to be employed.</li> <li>I also grant Vocational Rehabilitation the right to release and utilize information relative to my case to further my rehabilitation as explained in the publication, "You and Vocational Rehabilitation."</li> <li>I understand that confidential information obtained by Vocational Rehabilitation is protected by federal regulations and/or state law.</li> <li>I understand this information will be utilized to determine my eligibility and the nature, scope and/or provision of Vocational Rehabilitation services needed for an employment outcome.</li> <li>I have been provided a copy of the agency publication, "You and Vocational Rehabilitation," and it has been discussed with me. This publication contains information about the manner in which Vocational Rehabilitation services may be provided and my rights as an applicant, including the opportunity to exercise informed choice throughout the rehabilitation process.</li> </ul>			
SIGNATURE OF APPLICANT (IF UNDER 18, PARENT/GUARDIAN MUST SIGN)			DATE OF APPLICATION
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