IDVR Referral Information Sheet

New Case/Personal Information:

SS#: _____ - _____ - _____

First Name: _____ Middle: _____

Last Name: _____ Preferred Name: _____

Gender: _____ Birth Date: _____/_____/_____

Previous Last Name: _____

Case Information
Application Date: _____/_____/_____

Address:

Home Address: _____
City: _____ State: _____ Zip: _____-_____
County: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____-_____
County: _____

Primary Phone: _____-_____-_____ ☐ Voice ☐ TDD ☐ Fax
Second Phone: _____-_____-_____ ☐ Voice ☐ TDD ☐ Fax
E-mail: _____

Directions to Home *(if needed):*

Characteristics:

Select one or more of the following races/ethnicities:

☐ American Indian or Alaskan Native
☐ Asian
☐ Black
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White

Primary Language: _____ _____ _____ _____
English ASL Spanish Other

Special Needs:

5. Contacts:

	Name	Relationship	Phone	Voice/ TDD/ Fax	Email
1.					
2.					
3.					

IDVR Application Information

Basic:

*Referral Source: _____

*Living Arrangement at Application: _____

County Served In: _____

Marital Status: _____ _____ _____ _____ _____
Married Widowed Divorced Separated Never Married

Financial:

Number in Family: _____ Number of Dependents: _____

*Primary Source of Support: _____

Select one or more of the following medical insurances:

- ☐ Medicaid
- ☐ None
- ☐ Private insurance through own employment
- ☐ Worker's compensation
- ☐ Medicare
- ☐ Private insurance through other means
- ☐ Public insurance from other source

Public Support:

Public Support Available: ☐ Yes ☐ No

SSDI Status: _____ allowed _____ denied _____ pending _____ terminated _____ not an applicant

SSI Status: _____ allowed _____ denied _____ pending _____ terminated _____ not an applicant

	cash	other		cash	other
SSI Aged:	$_____	☐	Worker's Compensation:	$_____	☐
SSI Disabled:	$_____	☐	Other Disability:	$_____	☐
SSDI:	$_____	☐	Other:	$_____	☐
VA:	$_____	☐	TANF:	$_____	☐

Education:

Level of Education Attained at Application: _____

Participant has received services under an Individualized Education Program (IEP)
☐ Yes ☐ No

Transition Program Participant: ☐ Yes ☐ No

School at Application: _____

Employment:

Year Last Employed: _____

Employment within one week of Application

*Work Status at Application: _____

Hours Worked per Week: _____ Salary: _____ ☐ Hourly ☐ Weekly ☐ Monthly

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Work History:

On the next page please complete the majority of your Work History.

Work History:

	Employer Name and Address	Job Title	Job Duties	Hours/ Week Worked	Salary $_____/ _____	Start/ End Date	Reason for Leaving
1							
2							
3							
4							
5							

If you need additional space, please print more copies of this page.

Disability:

Order	Code (*Agency use only*)	Impairment	Cause of Impairment
1			
2			
3			
4			

Special Programs:

Programs* (At least one program required)

Select one or more of the following special programs:

- ☐ Adult Correction
- ☐ DJC Going Home Grant
- ☐ General VR Kidney
- ☐ Juvenile Correction
- ☐ Medicare
- ☐ Migrant Service Coordination Grant Under 304
- ☐ School-Work
- ☐ Community Supported Employment
- ☐ DOC Going Home Grant
- ☐ IDOC Reentry Program
- ☐ Medicaid
- ☐ Migrant Farm Worker not in Section 304 Project
- ☐ None

RSA-911 Programs:

Veteran: ☐ Yes ☐ No

Migrant or Seasonal Farm Worker:

- ☐ No, not Migrant
- ☐ Yes, not under Section 304, not in MSC Grant
- ☐ Yes, under Section 304, MSC Grant

Application Documentation:

- What does the participant expect from VR to gain or maintain employment:

- Describe employment needs:

- Describe the next steps in establishing eligibility:

- Other participant information or comments:

Felony conviction: ☐Yes ☐ No

Describe: _____