

# Virginia Department for Aging and Rehabilitative Services Division of Rehabilitative Services

## Referral to Vocational Rehabilitation Program

### Important Information for People With a Disability Who Want to Work

The Vocational Rehabilitation (VR) Program helps people with all types of disabilities get ready for, find, and keep a job. Eligibility and services provided are decided case-by-case.

You may refer yourself or anyone with a disability who wants to work. Give the information on this form to your local DRS office by: Mail, Phone, Fax, or E-mail message

For the local office directory,

Call us toll-free in the U.S. at 1-800-552-5019 (TTY 1-800-464-9950), OR

Visit our Web site at [www.vadrs.org/offices.aspx](http://www.vadrs.org/offices.aspx)

### A. Please Tell us About the Person Being Referred

I am referring: Myself ☐ Someone else ☐ (Please make sure they know and agree)

Social Security #\* (If known) \_\_\_\_\_

Last Name\* \_\_\_\_\_ First\* \_\_\_\_\_ MI \_\_\_\_\_

E-Mail \_\_\_\_\_ Gender\* Male ☐ Female ☐ DOB \_\_\_\_\_

Home Address\* \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Voice ☐ TTY/Videophone ☐ Fax ☐

Second Phone (\_\_\_\_) \_\_\_\_\_ Voice ☐ TTY/Videophone ☐ Fax ☐

Describe the disability \_\_\_\_\_

### B. Please Tell Us About The Person Making The Referral

Organization Name \_\_\_\_\_

By Mr ☐ Ms ☐ Dr ☐ Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Voice ☐ TTY/Videophone ☐ Fax ☐

Second Phone (\_\_\_\_) \_\_\_\_\_ Voice ☐ TTY/Videophone ☐ Fax ☐

E-Mail \_\_\_\_\_

Continued

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**C. For DRS Use Only**      **Caseload #** \_\_\_\_\_ **Referral Date** \_\_\_\_\_

**Referral Source\*** (Check one from list below)

Elementary/Secondary School (*elementary/middle/junior high/high school*) ☐

Post Secondary school (*trade school, business/vo-tech institute, 2 and 4 year college*) ☐

Mental Health (*include psychiatric hospital, mental health center, mental health service provider*) ☐

Other Medical (*include hospital, clinic, nursing home, in-patient sub. abuse, medical personnel*) ☐

Public Welfare (*state or local welfare agency such as TANF, Social Services, etc*) ☐

ESO, WWRC, state-operated rehabilitation center in another state ☐

DDS, SSA ☐

One Stop Employment/Training Centers ☐

Self referral ☐

Faith Based Organizations ☐

Employers ☐

Consumer Organizations or Advocacy Groups ☐

Child Protective Services ☐

American Indian VR Program ☐

CIL ☐

Family and Friends ☐

Intellectual and Developmental Disabilities Providers ☐

State Dept of Corrections/Juvenile Justice ☐

State Employment Service Agency, including VEC ☐

Public Housing Authority ☐

Veteran's Administration ☐

Worker's Compensation ☐

Other state agencies (non-VR, non-DBVI, may be in-state or out-of-state) ☐

VR Agencies in other states and DBVI ☐

Other (*CSB, court, shelter, group home, halfway house, out-patient sub abuse, anything not fitting into one of the other referral source codes*) ☐

**Referral resulted from One-Stop involvement?** Yes ☐ No ☐