Referral to Vocational Rehabilitation

Vocational Rehabilitation (VR) is here to help individuals with disabilities prepare for, advance in, or retain employment.

Date of Referral _____

Name of Individual (Please print)	**Date of Birth**	**Social Security Number (SSN)***

Address (Home)	**City**	**State**	**Zip**

Address (Mailing)	**City**	**State**	**Zip**

Telephone Number ☐ Home ☐ Cell	**Additional Contact Name**
What is the best method of contact? (Select one) ☐ E-mail ☐ Mail ☐ Phone ☐ Other (specify) _____	**Additional Contact Phone Number** **Additional Contact E-mail**
Can VR leave a message at the number listed above? ☐ Yes ☐ No	**Gender** ☐ Male ☐ Female ☐ Does not wish to disclose or self-identify
E-mail Address	**Have you ever received services from VR?** ☐ Yes ☐ No
Marital Status ☐ Divorced ☐ Married ☐ Never Married ☐ Separated ☐ Widowed	**Education Level**
Ethnicity ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Does not wish to disclose or self-identify	**Race (Check all that apply)** ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Does not wish to disclose or self-identify

Accommodations

Do you require an Interpreter? ☐ Yes, ASL ☐ Yes other, specify language:
Do you require an assistive listening device? ☐ Yes
Do you require translated documents? ☐ Yes
Do you require any other accommodations for your impairment? ☐ Yes If so, please explain:

What impairment prevents you from working?

How can VR help you become employed?

Current school attending:

How did you hear about us?

Agency/Vendor/School: **Contact Person:** **Phone #:**

Please complete this page then mail or turn in the referral to the nearest VR office. For a list of offices, go to www.rehabworks.org and then click on "Contact Us" and then select "Directory of Local VR Offices and Vendors"; or you may call our toll free number 1-(800)-451-4327 for more information.

*The Division is collecting your SSN for mandatory federal reporting as required by 34 C.F.R. §361.12 and RSA PD-16-04.

For Office Use

Received Date : _____
☐ Phone ☐ Mail ☐ In Person ☐ Fax
Contact Date: _____ Contacted by: _____
☐ Phone ☐ Letter ☐ In Person
Orientation Scheduled: ☐ Group ☐ Individual Date: _____
Additional Notes: _____

Outcome of Referral
☐ Completed Application
☐ Decided not to apply
☐ Missed Orientation
☐ Other _____

Rule 6A-25.019
Form: VRW300 (5/2019)
Effective October 2019