

Kentucky Office of Vocational Rehabilitation Application Worksheet

Agency Information:

Caseload:

Case Number:

Referral Information:

Referral Date:

SSN:

Last Name:

First Name:

MI:

Date of Birth:

Referral Source:

Referral Source Type:

Reported Impairment:

Reported Cause:

Street:

City:

State:

Zip:

County:

Primary Domicile:

Email:

Secondary Email:

Phone:

Phone Comment:

Phone 2 (Cell):

Phone 2 Comment:

Secondary Contact:

Secondary Contact Phone:

Secondary Contact Email:

Legally Eligible to work in the United States: Yes No

Active Military Duty:

Secondary Student ID:

Application:

Application Date:

Demographics:

Ethnicity:

Race:

Gender:

Primary Impairment:

Primary Cause:

Secondary Impairment:

Secondary Cause:

Education:

Level of Education:

Currently in School:

Current School:

Credit Hours:

Current Grade:

Expected Graduation Date:

Student in Secondary Ed:

Current Employment:

Employment Status:

SOC - ONET Code:

Hourly Wages:

Hours Worked:

Weekly Earnings:

Other Information:

Living Arrangements:

Veteran Status:

Offender Status:

Support:

Primary Source of Support at Application:

Social Security Information:

Assignable Ticket to Work:

Yes

No

Is Ticket Assigned?

Yes

No

Ticket Assigned To:

SSI Status:

SSDI Status :

Drawing Benefits from Another Earner:

Public Support:

SSI
KTAP
GA
SSDI
VET-D
W-Comp
UI
Other:

Total:

Medical Insurance:

Medicaid
Medicare
State/Federal Affordable Care Act
Public/Other Sources
Private - Employer
Private - Pending
Private - Other

Comparable Benefits :

Community Mental Health
Pell
Veteran's Admin
Worker's Comp
Michele P./SCL/Other Waiver
Qualified Medicare Beneficiary
Other U/I
Other

Skills and Work History:

Skills:

Driver's License:

Means of Transportation:

Job Preferences:

Training/Skills/Certifications:

Employment History:

Employer 1:

Title 1:

Hourly wages 1:

Hours per week 1:

Begin Date 1:

End Date 1:

Reason for Termination 1:

Employer 2:

Title 2:

Hourly Wages 2:

Hours per week 2:

Begin Date 2:

End Date 2:

Reason for Termination 2:

Voter Registration Offered:

Status:

Voter Registration Mailed Date:

For Counselor Use Only:

Applicant Statement

I understand, I will not be denied services on the basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity, citizenship, pregnancy or veteran status, or any other status protected by applicable law.

I understand the need for the Office of Vocational Rehabilitation to collect information about me and authorize release of any medical, psychological, educational or other information to the Office of Vocational Rehabilitation. I have been provided with a copy of the "Consumer Guide" which contains a written description of the program and my right and responsibilities.

I give permission for OVR to use SMS/text messaging to communicate with me at the number found on this form.

I give my permission for OVR to use email to communicate with me at the email address found on this form.

I do not give permission for OVR to use e-mail to communicate with me.

The information I have given is true to the best of my knowledge and I hereby request vocational rehabilitation services. I understand that my signature signifies my intent to work after completion of vocational rehabilitation services.

Signature: Counselor

Date

Signature: Individual

Date

Signature Legal Guardian (Please Specify)

Date

Guardian Type:

This original form is to be filed in consumer case file