OVR 2

(Rev. 11/2025)

Kentucky Office of Vocational Rehabilitation
Application for Services

Kentucky Career Center
Vocational Rehabilitation

* Denotes Required Fields

DEMOGRAPHIC INFORMATION

* Application Date *(mm/dd/yyyy)*	* Caseload Number *(6 digits)*	* Case Number *(6 digits)*

* First Name	MI	* Last Name

* Date of Birth	SSN *(last 4 digits)*	SSN Verified	Physical Address Verified
		◯ Confirmed ◯ Did not disclose	◯ Confirmed ◯ Unhoused

* Physical Address – Line 1 *(Street Address)*	Physical Address – Line 2 *(Apartment, Suite, Unit, etc.)*

* City	* State	* Zip Code	* County

Mailing Address *(if different from Physical Address)*	Mailing Address – Line 2 *(Apartment, Suite, Unit, etc.)*

City	State	Zip Code	County

* Applicant's Preferred Phone Number	Email Address

Secondary Phone Number	Secondary Phone Comment

* Race *(select all that apply)*

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Did not self-identify

* Ethnicity	* Sex

HEALTH & DISABILITY INFORMATION

* Primary Impairment
* Primary Impairment Cause
Secondary Impairment
Secondary Impairment Cause
If applicant reports a visual impairment, how does their vision affect the workplace or everyday life?
Is the impairment a non-work-related injury, illness, or worsening of condition?
If yes, did it occur within the last 14 weeks?

EDUCATION / CREDENTIALS

* Level of Education		
Student with a disability?		
Expected Graduation Date *(mm/dd/yyyy)*	Credit Hours	Secondary Credential Date *(mm/dd/yyyy)*
Post-Secondary Credential Dates		

EMPLOYMENT INFORMATION

* Current Employment Status	
Job Title	Start Date *(mm/yyyy)*

O*NET SOC Code	Hourly Wages	Hours Worked	Weekly Earnings
			$ 0.00

If not currently employed, have you worked in the last year (or 12 months)?

Previous employment history: How many jobs have you had in the last three (3) years? What are the job titles? What are the reasons for leaving those jobs?

OTHER

* Living Arrangements	If other, please describe

Active-Duty Information	Active-Duty Status	* Veteran Status

* Voter Registration

* Offender Status

BENEFITS, INSURANCE, AND PUBLIC SUPPORT INFORMATION

Public Support *(Select all forms of public support. Include the dollar amount for each that the applicant receives.)*

Type of Support	Amount
☐ SSI	
☐ KTAP/TANF	
☐ SSDI	
☐ Other _____	
Total	$ 0.00

Medical Insurance *(select all that apply)*

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

Comparable Benefits *(select all that apply)*

- ☐ Community Mental Health
- ☐ Medicaid Waiver _____
- ☐ Pell
- ☐ Qualified Medical Beneficiary
- ☐ Veteran's Administration
- ☐ Worker's Comp
- ☐ Other Unemployment Insurance
- ☐ Other

SOCIAL SECURITY PROGRAM INFORMATION

* SSI Status	* SSDI Status	
* Drawing benefits off a different wage earner?	* Assignable Ticket?	* Is Ticket Assigned?

ASSURANCES AND SIGNATURES

- If any of my contact information changes, I will make OVR aware of the change. I understand OVR may contact me to obtain additional information or discuss my case, and I give OVR permission to use any of the contact information provided to contact me.
- The information I have given is true to the best of my knowledge and I hereby request OVR services. I understand that my signature signifies my intent to work in competitive and integrated employment after completion of OVR services.

Applicant Signature _____ Date (mm/dd/yyyy) _____

Counselor Signature _____ Date (mm/dd/yyyy) _____

Parent/Legal Guardian/Power of Attorney Signature *(if applicable)* _____ Date (mm/dd/yyyy) _____

Guardian/Legal Status:

- ◯ Parent, applicant under 18 years of age
- ◯ Legal Court Appointed Guardian
- ◯ Power of Attorney

COMMENTS

The Kentucky Office of Vocational Rehabilitation (KYOVR) does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, gender identity or expression, ancestry, age, pregnancy or related medical condition, marital or familial status, disability, veteran status, political affiliation, or genetic information in accordance with state and federal laws. Upon request, and to the best of our ability, KYOVR provides reasonable accommodation, including auxiliary aids and services necessary to afford individuals with disabilities an equal opportunity to participate in all programs.

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