

Kentucky Office of Vocational Rehabilitation

Application for Services

Instructions

Purpose: The purpose of this form is to give vocational rehabilitation counselors guidance on filling out the application with applicants for the program.

Definitions

Applicant: an individual is considered an applicant when they have completed and signed the application, provided the necessary information to determine eligibility and determine priority of services, and is available to complete the assessment process.

Primary address: the address where the consumer wants things mailed to them. In CMS, the primary is the address that the system automatically uses for the eligibility letters or anything else generated by the system to send to the consumer. This considers the fact that they might be off at college or splitting time between parents/guardians, etc. Staff should make a note to remember to change this is the consumer leaves that address and relocates somewhere else (i.e., if someone is at college and their dorm or apartment location changes).

Mailing address: This could be the same as their primary, but just keep in mind, CMS will not automatically pull this address to link to letters.

Other address: can be used for any additional addresses you have/need to be aware of, such as a parent not residing in the permanent address location (i.e., parents are divorced), a guardian, etc. Again, keep in mind, the system will not automatically pull this address to link to letters.

Agency Information

Caseload

Enter the number of the caseload (6 digits)

Case Number

Enter the case number (6 digits)

Application Date

Enter the date of the application

Applicant Information

First Name

Enter the first name of the applicant

Middle Initial

Enter the middle initial for the application
(one letter)

Last Name

Enter the last name of the applicant

Referral Date

Enter the referral date

Social Security Number (SSN)

Enter the social security number (8 digits) or check the box if the applicant refused to disclose their social security number

Date of Birth

Enter the date of birth for the applicant

Referral Source

Enter the referral source for the applicant

Reported Impairment

Select the reported impairment

Reported Impairment Cause

Select the reported impairment cause

Address (primary, mailing, other)

Enter the address of the applicant.
Make sure the place where they want to receive their mail is in the primary space.

City	Enter the name of the city in which the applicant resides
State	Enter the abbreviation for the state (2 letters)
Zip	Enter the zip code (5 digits)
County	Select the county in which the applicant resides
Email Address	Enter the email address of the applicant
Alternate Email Address	Enter another or alternate email address for the applicant
Primary Phone Number	Enter the primary phone number and the area code for the applicant or the main number they can be reached at
Primary Phone Comment	Enter any information on the primary phone number including if it is a landline or cell number
Alternate Phone Number	Enter the alternate or another phone number with area code for the applicant that they can be reached at
Alternate Phone Comment	Enter any comment about the alternate phone number including if it is a landline or cell number
Secondary Contact Name	Enter the name of the secondary contact for the applicant
Secondary Contact Phone Number	Enter the phone number for the secondary contact including the area code

Secondary Contact Email Address	Enter the email address for the secondary contact
Legally eligible to work in U.S.?	Select yes or no on whether the applicant is eligible to work in the United States
Active Military Duty	Select the option for where they completed their military service or no if they did not serve in the military

Demographic Information

Race	Select the race(s) that the applicant identifies as or did not self-identify if the applicant chooses not to select an option.
Ethnicity	Select the ethnicity of the applicant or did not self-identify if they choose not to select an option
Gender	Select the gender of the applicant or did not self-identify if they choose not to select an option
Primary Impairment	Select the primary impairment for the applicant
Primary Impairment Cause	Select the secondary impairment cause for the applicant
Secondary Impairment	Select the secondary impairment for the applicant
Secondary Impairment Cause	Select the secondary impairment cause for the applicant

Education Information

Highest Level of Education

Select the highest level of education

Currently Student in School?

Select yes or no on whether the applicant is currently a student attending school

If currently attending school, name of school

If the applicant is currently attending school, enter the full name of the school

Student in Secondary Education?

Select the option that fits best for the applicant attending school and in secondary education or select no if they are not a student in secondary education

Secondary Student ID

Enter the secondary student ID for the applicant if applicable (up to 22 digits)

Current Grade

Select the current grade for the applicant if they are attending school currently

Credit Hours

Enter the number of credit hours they currently have achieved at time of application

Expected Graduation Date

Enter the date (mm/yy) that the individual is expected to graduate from their current school.

Skills, Preferences, and Current Employment Information

Training/Skills/Certifications

Enter any training, skills, and/or certifications the applicant has attained

Job Preferences

Enter any job preferences that the individual has

Current Employment Status

Select the option that best fits the employment status of the applicant

ONET SOC Code	Enter the ONET SOC Code for the employment status of the applicant
Hourly Wages	Enter the hourly wages for the applicant
Hours Worked	Enter the number of hours per week that the applicant works
Weekly Earnings	Enter the weekly earnings of the applicant (Multiply the hourly wages by the hours worked to get the weekly earnings)

Employment History Information-up to 2 employers

Current/last/previous employer	Enter the name of the applicant's current or last employer
Job Title	Enter the job title of the applicant
ONET SOC Code	Enter the ONET SOC Code for the job title of the applicant
Hourly Wage	Enter the hourly wage of the job
Hours/Week	Enter the hours that the applicant works or worked each week
Start Date	Enter the start date for the job (as much information as possible)
End Date	Enter the end date for the job (as much information as possible)

Reason for Leaving

Enter the reason the applicant left the job or if they are still at the job put a statement that states that they are still at that job

Other Information

Driver's License

Select yes or no if the applicant has a driver's license or permit if they only have a permit and not a license

Primary Mode of Transportation

Enter the primary mode of transportation for the applicant

Voter Registration

Select if the applicant is already registered to vote, was offered, declined to register, or if the registration form was completed in the office

Date Mailed

Enter the date that the registration form was mailed to the clerk's office

Veteran Status

Select yes or no if they are a veteran in the armed forces

Living Arrangements

Select the living arrangements for the applicant

Offender Status

Select the offender status for the applicant

Primary Source of Support at Application

Select the primary source of support for the applicant at the time of application

Social Security Program Information

Assignable Ticket to Work?

Select yes or no on whether the applicant has a ticket to work

Is Ticket Assigned?

Select yes or no on whether the ticket to work is assigned

Assigned Ticket Entity

Enter the assigned ticket entity

Drawing benefits from another earner?

Select yes or no on whether the applicant is drawing benefits from another earner

SSI Status

Select the applicant's SSI status whether they are pending, denied, discontinued, allowed (aged, blind, disabled), or not an applicant.

SSDI Status

Select the applicant's SSDI status whether they are pending, denied, discontinued, allowed, or not an applicant

Public Support

Select all the public support options that apply to the applicant. For SSI, please select the type of SSI they are receiving. The full amount of public support will appear at the bottom of the table

Medical Insurance

Select all the medical insurance options that apply to the applicant

Comparable Benefits

Select all the comparable benefits that apply to the applicant

Assurances and Signatures

As you go over the assurances with the applicant, please check each statement. The check box is located to the left of each statement. The applicant, counselor, and legal guardian (if applicable) should sign the application. If there is a legal guardian involved, select the type that is involved. If sending electronically, please utilize the document that is already available in DocuSign.

If signing the application in person, please print off the application and have the consumer and a witness sign it. If the counselor is mailing the application to the consumer, please mark the spot where the consumer must sign. When the counselor receives the application, the counselor will sign the application and put it in the file.