



Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job.

Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the <u>VR Website</u> and click on "Contact Us." Then select "Directory of Local VR Offices and Vendors;" or call toll free (800)-451-4327.

Date of Referral Name of Individual (Please Print) **Date of Birth Social Security Number** Address (Home) City State Zip Address (Mailing) City State Zip ☐ Cell **Telephone Number** ☐ Home **Additional Contact Name Additional Contact Phone Number Additional Contact Email** What is the best method of contact? (Select one) ☐ Other (specify) ___ ☐ Email ☐ Mail ☐ Phone Can VR leave a message at the number listed above? ☐ Yes ☐ No Gender ☐ Male ☐ Female ☐ Does not wish to disclose or self-identify **Email Address** Have you ever received services from VR? \square Yes \square No **Education Level Marital Status** ☐ Divorced ☐ Married ☐ Never Married ☐ Separated ☐ Widowed **Ethnicity** ☐ Does not wish to disclose or self-identify ☐ Hispanic or Latino ☐ Not Hispanic or Latino Race (Check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Does not wish to disclose or self-identify **Accommodations** ☐ Yes, ASL ☐ Yes other, specify language: Do you require an Interpreter? Do you require translated documents ☐ Yes Do you require an assistive listening device? ☐ Yes Do you require any other accommodations for your impairment? \square Yes If so, please explain: What impairment prevents you from working? How can VR help you become employed? How did you hear about us? Agency/Vendor/School: **Contact Person:** Phone #:





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| F | Received Date : | ☐ Phone | ☐ Mail | ☐ In Person | ☐ Fax |
|--------|------------------------|-------------------------|----------------------|----------------------|---------------|
| o r | Contact Date: | Contacted by: | ☐ Phone | \square Letter | ☐ In Person |
| 0 | Orientation Scheduled: | Date: | ☐ Group | ☐ Individual | ☐ Video |
| f f | Additional Notes: | | | | |
| i | Outcome of Referral | ☐ Completed Application | ☐ Decided not to app | oly \square Missec | l Orientation |
| С | | ☐ Completed Orientation | □ Other | | |
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The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2021 Federal fiscal year, the total amount of grant funds awarded were \$176,836,896. The remaining 21.3 percent of the costs (\$47,860,557) were funded by Florida State Appropriations. Revised October 2021.

local street address line 1 $\cdot\,$ city, state, zip $\cdot\,$ phone $\cdot\,$ Fax: fax number