

Please return the completed form to:

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
 Office of Adult Career and Continuing
 Education Services-Vocational Rehabilitation
 (ACCES-VR)

Application for VR Services

VR-04 (7/14)

Please print or type all entries

NAME Last	First	Middle Initial	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
If you have been known by another name , enter here: Last First Middle Initial			
HOME ADDRESS Street		Apartment Number	
City	State	Zip + 4 Code	County
			SOCIAL SECURITY NUMBER □□□□-□□-□□□□
If your MAILING ADDRESS is different than your home address, please complete the mailing address information below.			
MAILING ADDRESS Street		Apartment Number	
City	State	Zip + 4 Code	County
PHONE NUMBER(S) where we can reach you or leave a message: Area code 1. () - Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>		Area code 2. () Home <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/>	Best time to call 1. 2.
Email: _____		DATE OF BIRTH Month Day Year □□-□□-□□	
Race/Ethnicity-Choose <u>ALL</u> that apply. If left blank ACCES will complete. If Hispanic or Latino is checked, please check additional box.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian (includes Indian Subcontinent) <input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
What is your disability?	Who referred you to us?	MARITAL STATUS: (Circle Response) (1) Married; (2) Widowed; (3) Divorced (4) Separated (5) Never Married	
I hereby apply for rehabilitation services: Date _____		Signature of applicant, parent, or legal guardian.	
X (Sign here.)			

••• Please answer the questions below and on the back of this form. •••

You do not have to answer these questions now, but your answers will help ACCES-VR process your application.

Have you ever received services from ACCES-VR or its former name, the Office of Vocational and Educational Services for Individuals with Disabilities (VESID)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now receiving services from one or more agencies?..... <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes, indicate agency name(s), address(es) and contact person(s):
(1)
(2)
Describe how your disability limits your ability to work.

