

Received: _____
By: _____
Contact Date: _____
Phone: _____ Letter _____ In Person _____
Appt. Scheduled: _____



**FLORIDA DEPARTMENT OF EDUCATION
DIVISION OF VOCATIONAL REHABILITATION
REFERRAL/APPLICATION FOR VOCATIONAL REHABILITATION
SERVICES**

I am a person with a mental or physical impairment that interferes with my ability to work. I want to learn more about the rehabilitation services available through the Division of Vocational Rehabilitation and how they can assist in securing or retaining employment.

Name: _____

Social Security Number: _____ Date of Request _____

Address: _____ City, State Zip: _____, _____, _____

Date of Birth: _____ Sex: _____

Marital Status: _____ Race: _____ Education Level: _____

Telephone number where you can be reached: _____

Or email address (if preferred): _____

Name of a contact person: _____

Telephone number of the contact person: _____

What is the best method to contact you? _____

What impairment prevents you from working: _____

Do you require American Sign Language interpreter? Yes

Do you require assistive listening device? Yes

Do you require a foreign language interpreter? Yes If so, which language: _____

Do you require translated documents? Yes

Do you require any accommodation for your impairment? Yes

If yes, please explain: _____

If referral is by an agency or other person:

Name: _____

Address of Agency or Person _____

City, State, Zip-Code: _____, _____, _____

Telephone Number: _____

(Your signature, or that of your parent or guardian, completes the application process for Vocational Rehabilitation. You may request additional information or speak with a counselor to get information prior to application.)

I understand that the purpose of receiving vocational rehabilitation services is to enable me to retain or secure employment. I understand that I must be found eligible for the services that I require. I am applying for vocational rehabilitation services and wish to undergo an assessment of my eligibility.

Signature of Applicant

Date of Application

Signature of Parent or Guardian

**Please mail or turn in your application to the nearest VR office.
For a list of offices, go to: www.rehabworks.org and then click on:
“Contact Us” and then select “Directory of Local VR Offices and Vendors”**

OR

You may call our toll free number 1-800-451-4327 for more information.

Florida Department of Education Division of Vocational Rehabilitation
Social Security Number Collection Policy

In compliance with Section 119.071(5), Florida Statutes, this statement serves to notify you of the purpose for the collection and usage of your social security number by the Florida Department of Education, Division of Vocational Rehabilitation (“Division”).

Your social security number is being collected pursuant to Section 413.24, Florida Statutes and RSA-PD-09-01. The information will be used only for reporting requirements to the federal government in order for the Division to receive federal funding. Providing this information is voluntary. However, if you fail to provide your social security number, you will be deemed ineligible for vocational rehabilitation services.

Information about Discrimination

It is against the law for the Division of Vocational Rehabilitation (VR) of the Florida Department of Education, as a recipient of Federal financial assistance, to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief.

The application process used by VR to determine eligibility for services, any subsequent services, and the entire VR process are subject to these non-discrimination requirements.

What to Do If You Believe You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a federally assisted program administered by the Division of Vocational Rehabilitation, you may file a complaint within 180 days from the date of the alleged violation with either:

Florida Department of Education
Division of Vocational Rehabilitation
Ombudsman Section
4070 Esplanade Way, 2nd Floor
Tallahassee, Florida 32399-7016
Phone: (800) 451-4327 (Voice/TDD)

U.S. Department of Education
Office for Civil Rights (OCR)
Atlanta Office
Office for Civil Rights (OCR), Atlanta Office
Suite 19-T-70
Atlanta, Georgia 30303-3104
Phone: (800) 421-3481
TDD: (877) 521-2172
e-mail: OCR.Atlanta@ed.gov