



Division of Vocational Rehabilitation (DVR)

Welcome to DVR!

DVR helps people with disabilities prepare for, obtain, keep, regain or advance in suitable jobs. If you're completing this Applicant Information Packet, then you have or will be scheduling an appointment with a DVR Counselor who will help you navigate through our process.

Please complete as much of this form as you can and bring this information with you to your first appointment. You do not need to complete this form to apply for DVR services. However, your cooperation with providing as much information as possible will assist with the progress of your DVR case. If you need help completing this form, your DVR Counselor will assist you. All information is kept confidential.

This form and additional information can be found online at:

www.colorado.gov/dvr

To be eligible for services you must:

- Have a documented disability that results in difficulty working
- Need DVR services to achieve your employment goal
- Intend to go to work in competitive integrated employment

What do you need to apply?

- Valid photo ID and/or proof of legal presence (if 18 and over)

Items that might be helpful for you to bring to your first DVR appointment:

- Medical records (medical, psychological, vision, and/or hearing, etc.)
- Individualized Education Plan (IEP), 504 Plan
- Any Social Security letters, and/or Ticket to Work (if receiving)
- High School, college transcripts or certifications
- Any vocational testing like interests tests, Myers-Briggs, etc.
- Resume or list of jobs held

If you do not have any of the above, DVR will work with you to gather any new information needed.

Date and Time of appointment: _____

Office address: _____

Phone: _____

DVR counselor: _____



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PERSONAL INFORMATION

SSN _____ Last Name _____ First Name _____

Middle Name _____ Preferred Name _____

Gender Male Female Prefer Not to Disclose Birth Date _____

Previous Last Name _____ Previous First Name _____

Home Address _____ City _____

State _____ Zip _____ County _____

Mailing Address _____

City _____ State _____ Zip _____

Primary Phone _____ Voice TDD Cell Other

Second Phone _____ Voice TDD Cell Other

Email Address _____

Please identify the race(s) and ethnicity with which you most identify:

- American Indian or Alaskan Native Asian Black or African American
- Hispanic or Latino Middle Eastern or Arab Native Hawaiian or Pacific Islander
- White Other Prefer Not to Disclose

What is your English speaking ability?

- Functional Limited None Unknown

What is your English reading ability?

- Functional Limited None Unknown

What is your primary language?

- American Sign Language English Spanish
- Other Language: Specify _____

What is your preferred correspondence format?

- Audio Tape Braille Colorado Relay Email Large Print
- Phone Text Message TTY Video Phone
- Written Communication

What is your preferred alternate correspondence format?

- Audio Tape Braille Colorado Relay Email Large Print
- Phone Text Message TTY Video Phone
- Written Communication



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Please provide an emergency contact or name of someone who will know how to reach you in the event you lose contact with DVR:

Last Name _____ First Name _____ MI _____

Contact Type

- Counselor Doctor Emergency Contact Family Member
 Friend Guardian* Lawyer Parole Officer
 Other Relationship: _____

Address: _____

City _____ State _____ Zip _____

Primary Phone _____ Voice TDD Fax

Secondary Phone _____ Voice TDD Fax

Email Address _____

*If you have a legal guardian, DVR will request a copy of the guardianship paperwork.

Please indicate your current living situation:

- Community Residential/Group Home Correctional Facility
 Halfway House Homeless/Shelter
 Mental Health Facility Nursing Home
 Other Private Residence
 Rehabilitation Facility Substance Abuse Treatment Center

Please indicate your voter registration status:

- I am currently registered to vote and no changes are needed
 I am currently registered to vote but need to update my address
 I am not currently registered to vote and don't want to register
 I am not currently registered to vote, and do want to apply
 I am not eligible to register

What is your current marital status?

- Divorced Married Never Married Separated Widowed

Please tell us about who suggested you work with DVR:

Organization Name _____

Salutation: Dr. Miss Mr. Mrs. Ms.

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip _____



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Primary Phone _____ Voice TDD Fax
Email Address _____

INCOME AND HOUSEHOLD INFORMATION

Number of dependents _____

What is your primary source of financial support? _____

Do you receive Public Support (TANF, AND, Food Stamps, etc.)? Yes No

Social Security Disability Insurance (SSDI) Status:

- Applicant – allowed benefits
- Applicant – denied benefits
- Applicant – status pending
- Benefits discontinued or terminated
- Not an applicant
- Not known if an applicant

Supplemental Security Income (SSI) Status:

- Applicant – allowed benefits
- Applicant – denied benefits
- Applicant – status pending
- Benefits discontinued or terminated
- Not an applicant
- Not known if an applicant

If you receive any of the following benefits, please estimate the amount of your individual monthly benefit:

SSI Aged	\$ _____	SSI Blind	\$ _____
SSI Disabled	\$ _____	SSDI Disabled	\$ _____
VA	\$ _____	TANF	\$ _____
General Assistance	\$ _____	Worker’s Compensation	\$ _____
Unemployment Insurance	\$ _____	Other Disability	\$ _____
Other	\$ _____		

Medical insurance provider?

- Affordable Care Act Exchange
- Medicaid
- Medicare
- No insurance
- Not yet eligible for insurance through employer
- Private Insurance through other means
- Private insurance through own employment
- Public insurance from other sources



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EMPLOYMENT

Date last employed (including year) _____

Are you requesting services from DVR to maintain employment? Yes No

Are you currently working? Yes No

Work History

Job Title: _____ Start Date: _____ End Date: _____

Employer: _____ Employer Address: _____

City: _____ State: _____ Zip: _____

Job Duties: _____

Hours Worked per Week: _____ Salary: \$ _____ per: Hour Week Month Year

Reason for leaving _____ Could you return to this job? _____

How does your disability impact this job? _____

Was a special license required for this job? _____

Could this employer serve as a reference? _____ Name to be used _____

Job Title: _____ Start Date: _____ End Date: _____

Employer: _____ Employer Address: _____

City: _____ State: _____ Zip: _____

Job Duties: _____

Hours Worked per Week: _____ Salary: \$ _____ per: Hour Week Month Year

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Job Title: _____ Start Date: _____ End Date: _____

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City: _____ State: _____ Zip: _____

Job Duties: _____

Hours Worked per Week: _____ Salary: \$ _____ per: Hour Week Month Year

Reason for leaving _____ Could you return to this job? _____

How does your disability impact this job? _____

Was a special license required for this job? _____

Could this employer serve as a reference? _____ Name to be used _____

Veteran Status

Active duty, honorable/general discharge No Military Service or Dishonorable Discharge



OTHER ITEMS RELATED TO EMPLOYMENT

Education

What is your highest completed level of education?

Indicate the name of your program or school where you completed this training:

****Indicate the start date (MM/DD/YR) and end date of this training (MM/DD/YR):**

For any education please list any certifications or diplomas you attained as a result:

Have you ever received services under an IEP (Individualized Education Program) or 504 plan?

Please indicate any current educational enrollment:

Indicate the name of your program or school that you are attending:

Indicate the area of study: _____

Indicate the start date (MM/YR) of this training: _____

Indicate the expected graduation date of this training: _____

If you are currently enrolled in high school are you receiving services under an IEP (Individualized Education Program) or 504 plan? _____

Other Program Involvement (special programs)

Please list any other community programs or services you are connected with, such as Workforce Centers, Refugee Services, VA, Job Corps, Community Centered Boards, Independent Living Centers, Brain Injury Alliance Center, Youthbuild, etc.: _____

Disability Information

Please describe your disability:

How do you hope DVR can assist you?



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Medical Information

Name of the treatment provider (doctor, psychologist, other) who knows about your disability _____

Doctor's phone: _____ Doctor's fax: _____

Doctor's address: _____ Date of last visit: _____

Type of treatment: _____

Reason for treatment: _____

Name of the treatment provider (doctor, psychologist, other) who knows about your disability _____

Doctor's phone: _____ Doctor's fax: _____

Doctor's address: _____ Date of last visit: _____

Type of treatment: _____

Reason for treatment: _____

Name of the treatment provider (doctor, psychologist, other) who knows about your disability _____

Doctor's phone: _____ Doctor's fax: _____

Doctor's address: _____ Date of last visit: _____

Type of treatment: _____

Reason for treatment: _____

Have you ever been hospitalized?

Date of last hospitalization: _____ What hospital? _____

Reason? _____

Please list prescribed medications and reason prescribed:

Side Effects:

If you're not currently taking these medications as prescribed, can you share why?

Have drugs and/or alcohol ever impacted your health, interpersonal relationships or employment? Yes No

If yes, complete this section: How long have/did you use drugs and/or alcohol? _____

What is the drug of choice? _____ Last date used? _____

Are you willing to receive treatment? Yes No



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Workers' Compensation Information (if applicable)

Date of injury _____ Attorney _____

Phone _____ Fax _____

Name of the treatment provider (doctor, psychologist, other) who knows about your claim _____

Doctor's phone: _____ Doctor's fax: _____

Doctor's address: _____ Date of last visit: _____

Type of treatment: _____

Reason for treatment: _____

Legal Information

Have you ever been arrested? Yes No

If yes, please explain circumstances: _____

Current legal status (check all that apply)

Charges Pending Probation Parole

Work Release Community Corrections Completed Sentence

Other (describe): _____

Please provide an explanation: _____

Department of Corrections # (if applicable): _____

Probation/parole officer's name: _____

Phone: _____

Case manager's name: _____

Phone: _____