** 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 [www.RehabWorks.org](http://www.RehabWorks.org) and click on “Contact Us.” Then select “Directory of Local VR Offices and Vendors;” or call toll free (800)-451-4327.

**Date of Referral**

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| **Name of Individual (Please Print)** | | | | **Date of Birth** | | **Social Security Number** | | |
| **Address (Home)** | **City** | | | | **State** | | | **Zip** |
| **Address (Mailing)** | **City** | | | | **State** | | | **Zip** |
| **Telephone Number**  Home  Cell | | | **Additional Contact Name** | | | | | |
| **What is the best method of contact? (Select one)**  Email  Mail  Phone  Other (specify) | | | **Additional Contact Phone Number** | | | | | |
| **Additional Contact Email** | | | | | |
| **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?**  Yes  No | | | | | |
| **Marital Status**  Divorced  Married  Never Married  Separated  Widowed | | | **Education Level** | | | | | |
| **Ethnicity**  Hispanic or Latino  Not Hispanic or Latino  Does not wish to disclose or self-identify | | | **Race (Check all that apply)**  American Indian/Alaska Native  Asian  Black or African American  White  Native Hawaiian or Other Pacific Islander  Does not wish to disclose or self-identify | | | | | |
| **Accommodations** Do you require an Interpreter?  Yes, ASL  Yes other, specify language:  Do you require an assistive listening device?  Yes  Do you require translated documents?  Yes  Do you require any other accommodations for your impairment?  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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| **For Office Use Only** | Received Date :          Phone  Mail  In Person  Fax | **Outcome of Referral** |
| Contact Date:         Contacted by: | Completed Application |
| Phone  Letter  In Person | Decided not to apply |
| Orientation Date:         Group  Individual  Video | Completed Orientation  Missed |
| Additional Notes: | Other |

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2019 Federal fiscal year, the total amount of grant funds awarded were $161,156,579. The remaining 21.3 percent of the costs ($43,616,711) were funded by Florida State Appropriations.

local street address line 1 • city, state, zip • phone • Fax: fax number