** 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**

|  |  |  |
| --- | --- | --- |
| **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 #:**       |

|  |  |  |
| --- | --- | --- |
| **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