

Iowa Vocational Rehabilitation Services – Application Form

Please complete all sections. If you would like assistance with this form, do not hesitate to ask. If you need more space, please use an additional piece of paper.

A. Personal Information:

First Name: _____ Middle/Maiden: _____ Last Name: _____
Social Security Number: _____ Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
County: _____ Phone: (Home) (____) _____ (Mobile)(____) _____
E-Mail: _____ Age: _____ Sex: _____ M _____ F

Race/Ethnicity: Please check all that apply

____ White ____ Native Hawaiian or Other Pacific Islander ____ Asian
____ American Indian or Alaska Native ____ Black or African American ____ Hispanic or Latina

Marital Status: Please check at least one

____ Married, Including common law ____ Widowed ____ Divorced ____ Separated
____ Never Married

Living Arrangements:

____ Private Residence ____ Community Residence or Group Home ____ Rehabilitation Facility
____ Mental Health Facility ____ Nursing Home ____ Halfway House ____ Homeless Shelter
____ Substance Abuse Treatment Center ____ Adult Correctional Facility ____ Other
Do you have a legal guardian? ____ Name: _____ Phone: _____

B. Referral Source and Rehabilitation Services:

What services would you like to receive from Iowa Vocational Rehabilitation Services (IVRS)?

Who referred you to IVRS? _____ Phone Number:(____) _____

Is there someone outside of your household who would usually be able to help us contact you?

First Name: _____ Last Name: _____ Relationship: _____
Phone: (Home):(____) _____ (Mobile):(____) _____ (Work):(____) _____
E-Mail: _____ Address: _____
City: _____ State: _____ Zip: _____

First Name: _____ Last Name: _____ Relationship: _____
Phone: (Home):(____) _____ (Mobile):(____) _____ (Work):(____) _____
E-Mail: _____ Address: _____
City: _____ State: _____ Zip: _____

C. Disability Information:

What is your disability, condition, or diagnosis? _____

What medications are you currently taking?

Do you take your medication as prescribed? ____ yes ____ no, if no explain: _____

How does your disability affect your ability to work or find work? _____

D. Transportation Information:

What type of transportation do you use? (check all that apply) ____ private vehicle ____ bus
____ taxi ____ family/friends ____ other: please explain: _____

Would any job that you obtain need to be accessible by bus (route and schedule)? ____ yes ____ no

Do you have an alternative plan for transportation in case of an emergency? ____ yes ____ no

Describe the alternative plan: _____

Do you have a valid driver's license? ____ yes ____ no

If no, do you plan to get a driver's license? ____ yes ____ no

Do you plan to take driver's education if you do not currently have a driver's license? ____ yes ____ no

Do you have a Chauffeur's or CDL license? ____ yes ____ no

E. Monthly Support and Benefits at Application:

Have you ever applied for Social Security Disability or Supplemental Security Income? ____ yes ____ no

If so, what were the results? ____ approved ____ denied ____ pending ____ in appeal process

If you are receiving public support, please enter whole dollar amounts next to the benefit you receive:

_____ SSDI _____ SSI _____ TANF _____ Veteran's Disability

_____ General Assistance _____ Worker's Compensation

_____ Other Public Support (specify _____)

What is your primary source of support? ____ personal income (earnings, interest, etc.)

_____ Family/Friends _____ Public Support (SSI, SSDI, TANF, etc) ____ All Other Sources

What source of health insurance do you use? (check all that apply)

____ Current Job ____ Medicaid ____ Medicare ____ Public Insurance from Other sources

____ No Health Insurance ____ Private (Health Insurance Company: _____)

F. Reported Criminal Background:

Do you anticipate problems with a background check? ____ yes ____ no

Have you ever been convicted of a crime? ____ yes ____ no

If yes, explain: _____

What was the outcome of the conviction (parole, prison time, under age-records sealed, etc)? _____

What is the impact on your vocational choices and are there specific jobs you will not be able to do?

G. Education Information at Application:

What is the highest grade you completed? _____
Did you receive special education services while in high school? ___ yes ___ no
Did you receive services in high school under a 504 plan? ___ yes ___ no
While in high school are you, or did you participate, in a work experience program? ___ yes ___ no
Are you planning on pursuing further training? ___ yes ___ no (if yes, please describe the program and or school: _____)

If you have plans to pursue an education beyond high school:

Have you received the Free Application for Federal Student Aid (FAFSA)? ___ yes ___ no
Have you applied for student financial aid? ___ yes ___ no
Are you in default of a federal student loan? ___ yes ___ no
Are there any personal problems or circumstances that might interfere with you working while attending school? (If yes, please explain) ___ yes ___ no Explain: _____

Education History:

Name and Location of High School: _____
Month and Year Graduated: _____ (may be a future target date)

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Last College or Vocational Training School Attended: _____
School Location: _____ Completed Program? ___ yes ___ no
If you did not complete the program please explain why: _____

Major or Program: _____ Degree/Certificate: _____
Dates Attended: from _____ to _____ GPA: _____

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Other College or Vocational Training School Attended: _____
School Location: _____ Completed Program? ___ yes ___ no
If you did not complete the program please explain why: _____

Major or Program: _____ Degree/Certificate: _____
Dates Attended: from _____ to _____ GPA: _____

H. Employment History:

Are you currently employed? ___ yes ___ no
Employer: _____ Job Title: _____
Address: _____ City: _____ State: _____ Zip: _____
Wage: _____ per _____ (hour, week, biweekly, bimonthly, year)
Hours Per Week: _____ Date Began: _____
Specific Duties: _____

Other Experience:

Have you served in the military? ___ yes ___ no
If yes, ___ Honorable discharge ___ Dishonorable Discharge
If Dishonorable Discharge, please explain: _____

Have you had jobs other than the one listed above? If so please provide the following information:

Employer: _____ Job Title: _____
Address: _____ City _____ State: _____ Zip: _____
Date Began: _____ month _____ year Date Ended: _____ month _____ year
Direct Supervisor: _____ Phone: _____
Specific Duties: _____

Reason for Leaving: ___ change jobs ___ further education ___ relocated ___ company went out of
business ___ laid off (explain: _____)
___ fired (explain: _____)
___ other _____)

Will this employer provide a good reference for you? ___ yes ___ no (if no, what do you think the
employer will say? _____)

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Employer: _____ Job Title: _____
Address: _____ City _____ State: _____ Zip: _____
Date Began: _____ month _____ year Date Ended: _____ month _____ year
Direct Supervisor: _____ Phone: _____
Specific Duties: _____

Reason for Leaving: ___ change jobs ___ further education ___ relocated ___ company went out of
business ___ laid off (explain: _____)
___ fired (explain: _____)
___ other _____)

Will this employer provide a good reference for you? ___ yes ___ no (if no, what do you think the
employer will say? _____)

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Employer: _____ Job Title: _____
Address: _____ City _____ State: _____ Zip: _____
Date Began: _____ month _____ year Date Ended: _____ month _____ year
Direct Supervisor: _____ Phone: _____
Specific Duties: _____

Reason for Leaving: ___ change jobs ___ further education ___ relocated ___ company went out of
business ___ laid off (explain: _____)
___ fired (explain: _____)
___ other _____)

Will this employer provide a good reference for you? ___ yes ___ no (if no, what do you think the
employer will say? _____)

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