PROOF OF IDENTIFICATION (one of the following)

- ☐ Driver's license or I.D. card issued by a U.S. state or outlying possession of the U.S.
- ☐ School ID with Photograph
- ☐ U.S. Armed Services identification card or draft record
- ☐ Military dependent's ID card
- ☐ U.S. Coast Guard merchant Mariner Card
- ☐ Driver's license issued by a Canadian government authority
- ☐ Voter's Registration Card

AND

AUTHORIZATION TO WORK IN THE U.S. (one of the following)

- ☐ US Social Security Card **(must not be marked "not valid for employment")**
- ☐ Oregon Health Plan (OHP) Card
- ☐ U.S. Medicare Program Card
- ☐ US Passport or US passport Card
- ☐ Permanent Resident Card or Alien Registration Receipt Card (Form I-551)

Written proof that you are receiving services from one of these public agencies:

- Temporary Assistance for Needy Families (TANF) program.
- Employment Department (for unemployment benefits).
- Oregon Health Plan (OHP) (for health care benefits).
- Social Security Administration (for SSA, SSDI benefits)
- U.S. Medicare program (for Medicare)

- ☐ Employment authorization Document that contains a photograph (Form I-551)
- ☐ Foreign passport that contains a temporary I-551 stamp or notification
- ☐ An Unexpired foreign passport with a Form I-94 or I-94A endorsement
- ☐ Certification of Birth Abroad issued by the Department of State (Form FS-545or DS-1350)
- ☐ Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- ☐ Native American tribal documents
- ☐ US Citizen ID card (INS Form I-197)
- ☐ ID Card for use of Resident Citizen in the United States (INS Form I-179)
- ☐ Employment authorization document issued by the Department of Homeland Security

DHS
Oregon Department of Human Services
Office of Vocational Rehabilitation Services

Service Questionnaire

If you need assistance completing this form please call your vocational rehabilitation counselor before your intake appointment.

This document can be provided upon request in alternative formats for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact us at 503-378-3486, email dhsalt@state.or.us **or 711 for TTY**.

Personal information

Last name:	First name:	Middle name:
Preferred name:	Previous last name:	
Martial status: ☐ Never married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Domestic partner		
Social Security number:	Gender:	Birthdate:
Primary phone:	Second phone:	Email address:
Home address:		Apartment number:
City:	State: County:	ZIP code:
Mailing address: *(if different than above home address)*		Apartment number:
City:	State:	ZIP code:
Have you been a prior client of Vocational Rehabilitation? ☐ Yes ☐ No		
If yes, when and where? _____		
Who referred you to this agency?		

Citizenship

Written documentation of authority to work legally in the US and proof of identification is needed per federal regulations in order to obtain Vocational Rehabilitation Services. We will require a copy of this documentation at your initial application appointment.

Are you a US citizen? ☐ Yes ☐ No

If no, do you have a work permit? ☐ Yes ☐ No

Counselor notes:

Emergency contacts

Name:	Relationship:	Phone number:
Name:	Relationship:	Phone number:

Counselor notes:

Racial and Ethnic background *(Check all that apply.)*

☐ Asian ☐ Black or African American ☐ White
☐ American Indian or Alaskan Native ☐ Native Hawaiian or other Pacific Islander
☐ Unable to determine ☐ Hispanic or Latino
☐ Multi-Racial: (Specify) _____

Primary Language *(Check all that apply.)*

☐ English ☐ Spanish ☐ Other: _____

Counselor notes:

Household

Your living situation:

☐ House ☐ Apartment ☐ Homeless ☐ Shelter

Members living with you: *(Check all that apply.)*

☐ Self only ☐ Self/partner and/or children ☐ Parents ☐ Other: _____

List names, relationship and age of other persons residing in your household.

Name:	**Relationship to you:**	**Age:**

Counselor notes:

Income

Monthly average income **Amount:**

How do you currently support yourself financially? $

Social Security Income (SSI) $

Social Security Disability Income (SSDI) $

Temporary Assistance for Needy Families (TANF) $

Supplemental Nutrition Assistance Program (SNAP) $

Subtotal: $

	Source:	Program:	Amount:
Workers Compensation:			$
Veterans:			$
Other:			$
Other:			$

Total: $

Counselor notes:

Medical insurance information

Do you have health insurance? *(Check all that apply.)*

- ☐ Medicaid
- ☐ Medicare
- ☐ OHP
- ☐ Private insurance *(other)*
- ☐ Private insurance *(own employer)*
- ☐ None
- ☐ Public insurance *(other)*
- ☐ Workers Compensation
- ☐ Other

Counselor notes:

Education information

Please provide the **highest grade completed:**

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9
☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18

If **not** a high school graduate, do you have a GED? ☐ Yes ☐ No

Were you in special education classes while in school? ☐ Yes ☐ No

Did you have an Individualized Education Program (IEP)? ☐ Yes ☐ No

Were you a participant in the Youth in Transition Program? ☐ Yes ☐ No

If yes to any of the above questions, please indicate school name, city and state:

In what subject area(s) did you receive special help and what types of help did you receive?

If you have completed college/trade school or any certifications, please list any degrees you hold and in what specific areas:

Name and address of college(s) attended:

Are you currently attending college? ☐ Yes ☐ No

Where?

Are you currently in default on any prior student loans? ☐ Yes ☐ No

Counselor notes:

Employment

Are you currently employed? ☐ Yes ☐ No Hours per week:

Salary: Hourly wage:

Are you a migrant or seasonal farm worker? ☐ Yes ☐ No

Please list the most recent job you had first.

Employer:	Job title:	
Address:	☐ Full time	☐ Part time
	Phone number:	Cell number:
Job duties:		
Did you have any difficulties with these duties because of your disability? If so how?		
Start date: / End date:	Last salary/pay rate:	
Reason for leaving:		

Counselor notes:

Employment continued

Employer:	Job title:	
Address:	☐ Full time	☐ Part time
	Phone number:	Cell number:
Job duties:		
Did you have any difficulties with these duties because of your disability? If so how?		
Start date: / End date:	Last salary/pay rate:	
Reason for leaving:		

Employer:	Job title:	
Address:	☐ Full time	☐ Part time
	Phone number:	Cell number:
Job duties:		
Did you have any difficulties with these duties because of your disability? If so how?		
Start date: / End date:	Last salary/pay rate:	
Reason for leaving:		

Counselor notes:

Employment continued

Employer:	Job title:	
Address:	☐ Full time	☐ Part time
	Phone number:	Cell number:
Job duties:		
Did you have any difficulties with these duties because of your disability? If so how?		
Start date: / End date:	Last salary/pay rate:	
Reason for leaving:		

Employer:	Job title:	
Address:	☐ Full time	☐ Part time
	Phone number:	Cell number:
Job duties:		
Did you have any difficulties with these duties because of your disability? If so how?		
Start date: / End date:	Last salary/pay rate:	
Reason for leaving:		

Counselor notes:

Disability information

Please list your health conditions/disability(ies)/diagnosis(es) (physical, mental or emotional) in the order it most affects you.

Condition:	Onset:	How it affects me:
1.		
2.		
3.		
4.		
5.		

Counselor notes:

Please list any medications that you are CURRENTLY taking for any of the conditions listed above:

Medication:	Dosage:	Purpose:
1.		
2.		
3.		
4.		
5.		

Counselor notes:

Have you ever had a head injury or been knocked unconscious? ☐ Yes ☐ No

If yes, please explain: _____

Are you released by your medical/psychological provider for work? ☐ Yes ☐ No

Special programs *(Check all that you are involved with.)*

- ☐ ACCESS Project
- ☐ Alcohol and Drug
- ☐ Career Workforce Skills Training
- ☐ DD Brokerage
- ☐ Employed Persons with Disability
- ☐ Employment Dept. Contracted Services
- ☐ Experience Works
- ☐ Independent Living Services
- ☐ Mental Health Clinic/Institution
- ☐ School — not YTP
- ☐ Seasonal Farm Workers (SFW)
- ☐ Seniors & People with Disabilities (SPD)
- ☐ Temp Assistance to Needy Families (TANF)
- ☐ Work Readiness Workshops
- ☐ Workers Compensation (special fund)
- ☐ Workforce Investment Act (WIA)
- ☐ Adult Parole/Probation
- ☐ Alcohol & Drug — Youth
- ☐ Child Welfare
- ☐ DD County Case Management
- ☐ Employment Department
- ☐ Employment Transition Services
- ☐ General Assistance
- ☐ Juvenile Parole/Probation
- ☐ None
- ☐ Schools Youth Transition Program
- ☐ Self-Sufficiency Program
- ☐ Supported Employment
- ☐ Veteran
- ☐ Workers Compensation Oregon
- ☐ Workers Compensation not OR
- ☐ Latino Connection-Easter Seals

Please list any and all other agencies that you are currently involved with: *(Self-Sufficiency, Senior and Disabled Services, Mental Health, etc.)*

Name of agency:	**Contact person:**	**Phone number:**

Are you a veteran? ☐ Yes ☐ No What is your percent of disability? _____

Are you receiving Veteran Association, Vocational Rehabilitation Services? ☐ Yes ☐ No

Have you ever had a worker's compensation claim? ☐ Yes ☐ No ☐ Pending

If Yes, what state? _____

Are you a preferred worker in Oregon? ☐ Yes ☐ No

Counselor notes: *(Counselor see application section, page two, for benefits information.)*

Application documentation

A. What services do you feel you might need from Vocational Rehabilitation to be successful at assisting you to get to or back to work? *(Check all that apply.)*

- ☐ Learning how to work
- ☐ Learning how to look for work
- ☐ Understanding my disability
- ☐ Help deciding on a work goal
- ☐ Learning how to accommodate my disability at work
- ☐ Skill development
- ☐ Help finding a job
- ☐ Help to get disability needs met *(braces, artificial limb, hearing aids, etc.)*
- ☐ Other: _____

Application documentation continued

B. What strengths or transferable skills have you identified about yourself?

- ☐ Dependable
- ☐ Honest
- ☐ Creative
- ☐ Open-minded
- ☐ Persistent
- ☐ Willing
- ☐ Reliable
- ☐ Hard-working
- ☐ Team player
- ☐ Patient
- ☐ Organized
- ☐ Self-starting
- ☐ Other: _____

Counselor notes:

Other information

What type of work are you interested in doing?

_____

☐ Part time-hours per week: _____ ☐ Full time ☐ Not sure

What is your current level of computer skills/knowledge?

Limited: _____ Basic: _____ Skilled: _____

What is your source of transportation?

☐ Bus ☐ Car ☐ Bike ☐ Other

Do you possess a valid driver's license? ☐ Yes ☐ No Insurance ☐ Yes ☐ No

If yes, what state: _____

If no, please state reason(s): _____

_____

Do you have a clean driving record? ☐ Yes ☐ No

If no, please explain: _____

_____

Have you ever been arrested or convicted of a felony or a misdemeanor? ☐ Yes ☐ No

If yes, please explain: _____

_____

Are you currently on supervision of any type? ☐ Yes ☐ No

Counselor notes:

If yes and you are actively supervised, please list name **and** phone number of probation/parole officer:

Name: _____ Phone: _____

Do you have any other current legal issues/problems? (Specify) _____

_____

_____

Do you have any history of substance use or abuse? ☐ Yes ☐ No

If yes, please explain: _____

_____

Could you pass a drug test? ☐ Yes ☐ No

If no, please explain: _____

Counselor notes:

Medical information

Have you had a general physical/medical exam within the last year? ☐ Yes ☐ No

If yes, please list name, full address and phone number of where and when it was done:

_____

_____

Have you ever had any psychological and or learning disability testing? ☐ Yes ☐ No

If yes, please list: name, full address and phone number of where and when it was done:

_____

_____

Office of Vocational Rehabilitation Services (OVRS) will need your help to get your medical records. We need them to document your medical condition(s); identify your limitations; determine if you are eligible for our program; plan work goals; and identify services you may need to help you get or keep a job.

Medical providers

Please list all doctors, clinics, counselors or therapists you have seen in the past or are seeing now for treatment related to your disability.

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical providers continued

Please list all doctors, clinics, counselors or therapists you have seen in the past or are seeing now for treatment related to your disability.

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Medical provider name:		Phone number:
Address:		Fax number:
City:	State:	ZIP code:
Treatment for:	Are you still seeing this provider? ☐ Yes ☐ No Not since:	

Counselor notes:

State of Oregon
Vocational Rehabilitation Services
Department of Human Services

Functional Capacity Self-Assessment

Name: _____ **Social Security Number:** _____

During an 8-hour day, I can: (check full capacity for each activity.)

a. Sit	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)
a. Stand	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)
a. Walk	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	(Hours)

I am able to:	**Not at all**	**Occasionally**	**Frequently**	**Continuously**
a. Bend	☐	☐	☐	☐
b. Squat	☐	☐	☐	☐
c. Crawl	☐	☐	☐	☐
d. Climb	☐	☐	☐	☐
e. Reach above shoulder level	☐	☐	☐	☐

I can carry:	**Not at all**	**Occasionally**	**Frequently**	**Continuously**
a. Up to 10 lbs.	☐	☐	☐	☐
b. 11-20 lbs.	☐	☐	☐	☐
c. 21-50 lbs.	☐	☐	☐	☐
d. 51-100 lbs.	☐	☐	☐	☐

I can lift:	**Not at all**	**Occasionally**	**Frequently**	**Continuously**
a. Up to 10 lbs.	☐	☐	☐	☐
b. 11-20 lbs.	☐	☐	☐	☐
c. 21-50 lbs.	☐	☐	☐	☐
d. 51-100 lbs.	☐	☐	☐	☐

I can use feet for repetitive movements as in operating foot controls:

Right: ☐ Yes ☐ No Left: ☐ Yes ☐ No Both: ☐ Yes ☐ No

I can use hands for repetitive movements such as:

	Simple Grasping	**Pushing & Pulling**	**Fine Manipulation**
Right:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Left:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

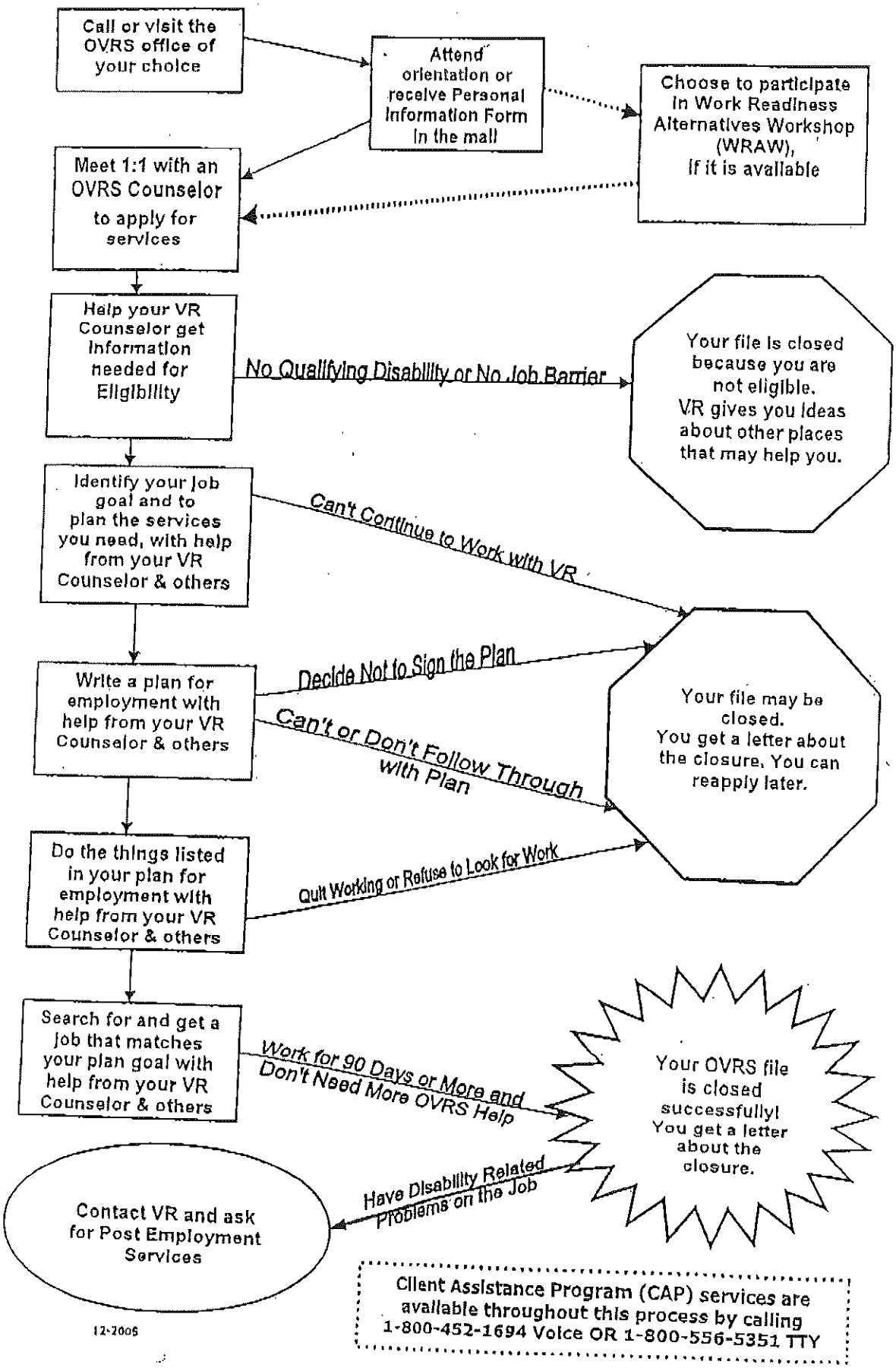
I am restricted in activities involving:

	Yes	**No**	**Comments**
a. Unprotected heights	☐	☐	
b. Being around moving machines	☐	☐	
c. Exposure to marked changes in temperature and humidity	☐	☐	
d. Driving automotive equipment	☐	☐	
e. Exposure to dust, fumes & gases	☐	☐	

f. Other (explain) _____

Client Signature: _____ Date: _____

The Vocational Rehabilitation Process



What Steps Will I Go Through?

1. Contact Your Local Office of Vocational Rehabilitation Services (OVRS) Location

Call or visit the OVRS office most convenient for you to start the process. You may choose the office closest to your home or any other office in the state, as long as you are available to meet with the staff there. If you need any disability-related accommodations or help to talk or meet with us, please let us know.

Our staff will ask for basic information (like your name, your address and phone number) and will help you make arrangements to come in to learn more about what OVRS is and how it works. You may be sent a Personal Information Form in the mail, you may receive it when you come in for an orientation. If you need help filling it out, OVRS staff will be glad to help you. Just fill out as much as you can and bring in the form when you come in to meet with your counselor.

2. Orientation

Some offices give a group orientation. Others give a one-on-one orientation. You can ask for a one-on-one meeting if you need that because of your disability or other reasons. Orientation will help you to:

- Learn how the program works from start to finish.
- Ask questions about services or available help.
- Decide if you want to apply for services.

3. Initial Interview and Applying for Services

This is when your counselor learns about you and your disability. Your counselor will ask how your disability makes it hard for you to get or keep a job. The meeting takes an hour or two.

- You will meet privately with an OVRS counselor or counselor's assistant.
- Please bring your Personal Information Form (filled out as much as possible).
- If you have them also bring copies of medical, school or Social Security records and a resume. You **SHOULD**

NOT pay for copies of your records if you do not already have them. OVR can pay that cost when you apply for services.

- You may sign a two-page application form.
- You will be asked to help complete any release forms needed to get copies of your records. (the records help tell us if you qualify for OVRS services).

4. Finding Out if You Qualify for Help

Sometimes a counselor can tell right away if you qualify. If you get SSI or SSDI, it is likely that you are eligible for OVRS services. Other times it can take up to 60 days after you sign the application to decide if you are eligible. Occasionally it takes a little longer; OVRS will contact you if wee need more time. It depends on whether we need to write for medical records or have you evaluated by a doctor or other professional. If you have copies of your records that you can share, please bring them in when you meet with your counselor. If you do not have copies of your records, OVRS will work with you to get them. Your counselor can tell you what needs to happen to qualify for services. You will receive a letter in the mail that tells you if you are eligible for OVRS services.

5. Identifying Your Job Goal and Planning Services You Need

You and your counselor talk about the employment barriers that bring you to OVRS. OVRS can help you find your talents and interests. You and your counselor decide on a job goal that makes sense for you, based on your abilities and limitations. It should also make sense based on what job opportunities there are. We can also help you search the job market. Together you and your counselor decide what services you need to get the job you want. Services to help you reach your job goals may include training, job coaching, and more.

6. Writing a Plan for Employment

You will have a written plan to get the services you need. It is called your Individualized Plan for Employment (IPE). Your

counselor can help you write your Plan. You can also do it yourself or ask someone else to help you. You and your counselor must agree on what goes into your Plan. Your IPE describes the steps you will take to meet your work goal.

7. Implementing Your Individualized Plan for Employment
You can start getting the help you need after you and your counselor agree to your Plan. Both of you will sign the Plan to show your agreement. How long it takes you to complete the Plan depends on you and your needs. Everyone's Plan is different.

8. Job Searching and Getting a Job
Your Plan will describe how OVRS will help you find and keep a job. It will also describe the things you agree to do. To get a job, both you and OVRS will need to follow these agreements.

9. Following Up and Closing Your Case
Your counselor checks how you are doing for 90 days after you get a job. Then OVRS closes your case if all is going well and you agree to close your file. If you need help later because of your disability and your job, you can call OVRS again.

10. Other Things You Should Know

Resolving Problems with OVRS
If you need information or help to solve a problem with OVRS, the Client Assistant Program (CAP) is available. CAP can give you advise and information about:

- Services and benefits you can get from OVRS, Centers for Independent Living and Supported Employment Programs
- Your rights to those services and benefits
- Your rights under Title 1 of the Americans with Disabilities Act (ADA)

CAP can also be your advocate to solve problems if they come up while you and your counselor are working together.

Informed Choice and OVRS

Your counselor will help you make informed choices about your job goal, your services and your Plan. This means your counselor will tell you the options available and ask you to help make decisions about:

- Testing about your disability or your job interests and who will provide it.
- Your job goal.
- The services you need to reach your job goal.
- Who will provide the services you need.
- Where you will get the services you need (training, job search, etc.).
- Your employment options.

Alternate Formats and Other Accomodations

If you need this or any other OVRS information in a different format, or need other kinds of help to work with OVRS, please let us know. We will be happy to help you.

Call or visit the OVRS office most convenient for you if you have questions or want to start the process.