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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Texas Workforce Solutions logo | | | | | | | | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Application for Services** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Contact Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First contact date: | | | | | | | | | | Initial contact without case assignment date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security number: | | | | | | | | | | Initial contact with case assignment date: | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name: | | | | First name: | | | | | | | | | | | | | Middle Name: | | | | | | | | | | | | | | | | | |
| Date of birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | ZIP: | | | | | ZIP suffix: | | | | | | | | | | | State: | | |
| City: | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Fips State: | | | | | | | | | | | | | Fips County: | | | | | | | | | | | | | | | | | | | | | |
| Workforce Area: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number 1:  (     )  Ext: | Type: | | | | | | | | Telephone number 2:  (     )  Ext: | | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Telephone number 3:  (     )  Ext: | Type: | | | | | | | | Telephone number 4:  (     )  Ext: | | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Video Relap IP Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Currently Enrolled   :  Not at this time  Grades 7-12  Home School 7-12  Grades K-6  Home School K-6  18+ Program in High School  College 2 year  College 4 year  Graduate school/advance degree  Vocational school for industry certification  Training-Apprenticeship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individualized Education Plan:  Yes  No  Did not disclose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 Plan:  Yes  No  Did not disclose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Leval of Education: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disaster/Incident Victim:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Population Indicators :  Blind Vocational Rehabilitation  Veteran  VRS Transition  Deaf/Hard of Hearing  Mental Health/Substance Abuse  Neurodevelopmental  Traumatic Brain Injury/Spinal Cord Injury  Deafblind  Mobility Impaired  CCRC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race and Ethnicity  :  American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  Native Hawaiian or other Pacific Islander  White  Did not self-identify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certified Degree of Indian Blood Card:  Yes  No  If yes, Indian and Native American Programs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How may we help you?: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Category :  Education Institutions-Public or Private  Public Agencies and Organizations Private Organizations and Individuals  Hospitals and Health Organizations-Public or Private | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source Address: | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | | | | | State: | | | |
| City: | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Referral Source Telephone number  (     ) | | | | | Ext: | | | | | | | | | | | | | | Type: | | | | | | | | | | | | | | | |
| Personal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender:  Female  Male  Did not self-identify | | | | | | | | | | | | | | Marital status: | | | | | | | | | | | | | | | | | | | | |
| Living arrangements: | | | | | | | | | | | | | | Job Ready:  Yes  No | | | | | | | | | | | | | | | | | | | | |
| Driver’s license or state ID number: | | | | | | | | | | | | | | State: | | | | | | | | | | | | | | | | | | | | |
| Language Preference: | | | | | | | | | | | | | | English Language Learner: | | | | | | | | | | | | | | | | | | | | |
| Media Preference: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Colonias:  Yes  No | | | | | | | | | | | | | | Lawsuit Pending:  Yes  No | | | | | | | | | | | | | | | | | | | |
| Has Adult criminal convictions on record:  Did not disclose  No  Yes  Yes-arrest only  Yes-misdemeanor | | | | | | | | | | | | | | Incarcerated:  Yes  No  If applicable, date released from incarceration: | | | | | | | | | | | | | | | | | | | |
| Offered Voter Registration Assistance to the Customer Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immigration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the customer a U.S. citizen? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Is the customer an immigrant alien? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Does the customer have a work permit? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Texas residence: Is the customer’s current address in Texas? | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| **Employment Authorization** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document(s) Provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does Document(s) provided have an Expiration Date:  Yes  No  If yes, Expiration Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inactivate Document Provided: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason Document Inactivated: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No insurance  Medicaid  Medicare  Private insurance through own employment  Private insurance through other means  CHIP  Texas Healthy Kids  Children with Special Health Care Needs (CSHCN)  Public insurance through federal means  Public insurance through other means | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicaid Status | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medicaid number: | | | Verification source and status: | | | | | | | | | | | | | | | | | | | | Verification date: | | | | | | | | | | | |
| Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Status (select one):  Competitive Integrated Employment  Self-Employed  Randolph-Sheppard Business Enterprise Program  Employed: State Agency-managed Business Enterprise Program  Employed: Extended Employment  Employed: Meets One of the Following Criteria  Not Employed: Student in Secondary Education  Not Employed: All Other Students  Not Employed: Trainee, Intern or Volunteer  Not Employed: Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employed with No Earnings:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workers’ Compensation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is the customer seeking services due to an injury on the job?   Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the customer have a current workers' compensation case that is, receiving either medical benefits or income benefits or both?  Yes  No  If yes, check all that apply below:  Texas Division of Workers’ Compensation  Federal Workers’ Compensation  Workers’ compensation agency other than Texas or federal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cross Match | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Include this customer in Cross Match | | | | | | | | | Cross Match Date: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Agency Involvement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select up to 3 agencies or providers of services utilized by customer at application:  None  Centers for Independent Living  Child Protective Services  Community Rehabilitation Programs  Customer Organizations or Advocacy Groups  Educational Institutions (elementary/secondary)  Educational Institutions (post-secondary)  Employers  Employment Networks (not otherwise listed)  Federal Student Aid (such as, Pell grants, SEOG (Supplemental Educational Opportunity Grant), work study, etc.  Intellectual and Developmental Disabilities Agencies  Medical Health Provider (Public or Private)  Mental Health Provider (Public or Private)  Local Workforce Center (One-stop Employment/Training Centers)  Public Housing Authority  Social Security Administration (Disability Determination Service or District office)  State Department of Correction/Juvenile Justice  Veterans Administration  Welfare Agency (State or local government)  Worker's Compensation  Other VR State Agencies  Other State Agencies  Other Sources | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Insurance Policy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insurance carrier 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy number: | | | | | | | | | | | | | | Group number: | | | | | | | | | | | | | | | | | | | | |
| Insurance carrier 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy number: | | | | | | | | | | | | | | Group number: | | | | | | | | | | | | | | | | | | | | |
| Insurance carrier 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Policy number: | | | | | | | | | | | | | | Group number: | | | | | | | | | | | | | | | | | | | | |
| **Veteran Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Veteran Status  Dishonorably discharged  Any discharge other than dishonorable  Not a veteran | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military State Postal Code: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transitioning Service Member:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Received VA Services:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eligible Veteran Status: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disabled Veteran:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Actual Military Separation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Financial Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer refused to disclose financial information.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly Hours Worked: | | | | | | | | | | | | | | Gross Weekly Earnings: $ | | | | | | | | | | | | | | | | | | | | |
| Hourly Wage: $ | | | | | | | | | | | | | | Gross Monthly Earnings: $ | | | | | | | | | | | | | | | | | | | | |
| Social Security Retirement (Current Maximum Amount is $3538 per month): $ | | | | | | | | | | | | | | Child support: $ | | | | | | | | | | | | | | | | | | | | |
| Interest, dividends, trusts and royalties: $ | | | | | | | | | | | | | | Savings (enter monthly amount used from savings): $ | | | | | | | | | | | | | | | | | | | | |
| Rental income: $ | | | | | | | | | | | | | | Pension or annuities: $ | | | | | | | | | | | | | | | | | | | | |
| Other customer income (income not included in categories above): $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Public Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pell Gant Recipient:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSDI income (current maximum amount is $2687 per month): $ | | | | | | | | | | | | | | SSDI Amount Reduced for Overpayment or Earnings of $0:  Yes  No | | | | | | | | | | | | | | | | | | | | |
| SSI Disabled/Blind/Aged (Current Maximum Amount is $735 per Month): $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSDI/SSI Recipient:  Yes  No  SSI Amount Reduced Due to Earnings:  Yes  No  SSI Reduced for 1619b (value must be $0):  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SSI for Couples (current maximum amount is $1103 per month): $ | | | | | | | | | | | | | | SSI In-Kind Support and Maintenance (current maximum amount is $490 per month): $ | | | | | | | | | | | | | | | | | | | | |
| SSI or SSDI Eligible based on Disability Determination:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANF: $ | | | | | | | | | | | Non-cash support: $ | | | | | | | | | | | | | | | | | | | | | | | |
| General Assistance (Include payments from State or Local government): $ | | | | | | | | | | | Other Public Support "cash benefit" not listed: $ | | | | | | | | | | | | | | | | | | | | | | | |
| Unemployment Compensation: $ | | | | | | | | | | | Veterans' Disability Benefit: $ | | | | | | | | | | | | | | | | | | | | | | | |
| **Support from Family and Friends** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Family and Friends Net Earnings (spouse/parent/guardian/children/friend including income, wages or public support or other sources): $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any In-Kind Non-Cash Support from Family and Friends:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Support from Other Sources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Private Disability Insurance / Charities: $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adjustments to Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgage/Rent: $ | | | | | | | Other Expenses (include medical or court related) $ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allowances** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Dependents (number of individuals who are dependent upon the customer's and/or family's income and liquid assets.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Economic Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Savings and Liquid Assets (includes savings, stocks, bonds etc. of the customer, spouse, and parent, if dependent): $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Update: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 1:** | | | | | | | | | | | | | | | **From date:** | | | | | | | | | | | | **To date:** | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | | State: | | | | |
| City: | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | |
| Telephone number 1:  (     )  Ext: | | Type: | | | | | | | | Telephone number 2:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Telephone number 3:  (     )  Ext: | | Type: | | | | | | | | Telephone number 4:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 2:** | | | | | | | | | | | | | | | **From date:** | | | | | | | | | | | | **To date:** | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | | State: | | | | |
| City: | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | |
| Telephone number 1:  (     )  Ext: | | Type: | | | | | | | | Telephone number 2:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Telephone number 3:  (     )  Ext: | | Type: | | | | | | | | Telephone number 4:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 3:** | | | | | | | | | | | | | | | | | | | | **From date:** | | | | | | | | | | **To date:** | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | | State: | | | | |
| City: | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | |
| Telephone number 1:  (     )  Ext: | | Type: | | | | | | | | Telephone number 2:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Telephone number 3:  (     )  Ext: | | Type: | | | | | | | | Telephone number 4:  (     )  Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the customer ever been employed?**  **Yes**  **No If no, proceed to next section.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a Trial Work experience?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trial Work type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Trial Work a success?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | ZIP: | | | | | | | State: | | | | | | | | | | | | | |
| City: | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Telephone number: (     )       Ext: | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Employer name 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a Trial Work experience?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trial Work type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Trial Work a success?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | ZIP: | | | | | | | State: | | | | | | | | | | | | | |
| City: | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Telephone number: (     )       Ext: | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Employer name 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Termination date (month and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a Trial Work experience?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trial Work type: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is Trial Work a success?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for leaving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | ZIP: | | | | | | | State: | | | | | | | | | | | | | |
| City: | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Telephone number: (     )       Ext: | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Current Employment Information (complete only if employed at time of application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly hours worked: | | | | | | | | | | | Gross weekly earnings: | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | State: | | | | | | | |
| City: | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Telephone number: (     )       Ext: | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Employer additional information or comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information source: | | | | | | | | | | | Employer contact okay?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| Employed with no earnings?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Status Case Note (Not Working) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever worked? | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | |
| Has or will your disability interfere with your ability to get a job? | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | |
| Have you lost a job due to your disability? | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | |
| Has or will your disability interfere with training or preparation for a job? | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | |
| Has or will your disability cause you to need special assistance to perform job duties? | | | | | | | | | | | | | | | | | | | | | | | | **Yes**  **No** | | | | | | | | |
| What services do you need from TWC-VRS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Status Case Note (Working) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you in danger of losing your job because your disability prevents the performance of essential job functions? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| Do you need services, special assistance, or accommodations to keep your job? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| Do you think your current job is below your abilities? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | |
| What services do you need from TWC-VRS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Initial Case Note Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you want VRS services to help you go to work or keep a job? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| If no, do you want VRS services to help you live more independently? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Do you have needs for reasonable accommodations, language preferences, etc.? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Do you have any medical or psychological records you can bring with you? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Will you give VRS permission to request these records? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Are you currently or have you ever been a VRS customer? | | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Application Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, the applicant, confirm that I:   * understand that I am applying for vocational rehabilitation services leading to an employment outcome; * understand that Texas law requires that all financial information I provide to the VR must be complete and accurate; * agree to participate in all evaluations that are necessary to determine my eligibility for services; * have received copies of the program brochures that include information about VR application process, appeals process, mediation procedures, and the availability of the Client Assistance Program; and * understand that VR has the right to pursue reimbursement for services purchased for me if I receive a judgment or insurance settlement as a result of a lawsuit, claim, or other legal action related to my disability. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signatures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s signature:  **X** | | | | | | Applicant’s name: | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |
| Parent’s, guardian’s, and/or representative’s signature (if applicable):  **X** | | | | | | Parent’s, guardian’s, and/or representative’s name (if applicable): | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |
| VR representative’s signature:  **X** | | | | | | VR representative’s name: | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |
| Witness’s signature (if one of the above signs with mark):  **X** | | | | | | Witness’s name (if one of the above signs with a mark): | | | | | | | | | | | | | | | | | | | | | | | Date: | | | |