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| Texas Workforce Solutions logo | **Texas Workforce Commission**  **Vocational Rehabilitation Services**  **Application Statement for OIB Program** | | | |
| Older Individuals Who are Blind (OIB) ServicesWith few exceptions, you are entitled, on request, to be informed about the information  that the Texas Workforce Solutions Vocational Rehabilitation Services (TWS/VRS) collects about you.  You are also entitled to receive and review the information, and to have TWS/VRS correct information about you that is incorrect (Sections 552.021, 552.023, and 559.004 of the Government Code). . | | | | |
| **Applicant Information** | | | | |
| Last name: | | | First name: | |
| Middle name: | | | Social Security number: | |
| I am applying for services. My signature below certifies to the following. | | | | |
| **Service Outcome** | | | | |
| I am applying for Independent Living Services for the purpose of continuing to live   as independently as possible. | | | | |
| **Rights** | | | | |
| * I have received a copy of “**Can We Talk?”**, which contains information about my rights and responsibilities, and procedures for appeals.   I have read and understand its contents. * The Client Assistance Program’s availability and purpose have been explained to me.  I understand that CAP’s contact information is in my copy of “**Can We Talk?”**. | | | | |
| **Financial Resources** | | | | |
| The rules on customer participation in the cost of services have been explained to me.  In providing information to the TWS/VRS about my family’s financial resources,  I have provided information that is true and correct. | | | | |
| **Permission to Collect and Receive Confidential Information** | | | | |
| I understand that the TWS/VRS is authorized to collect certain medical and/or personal and family information  to determine eligibility and to develop a service plan. I have received and signed a release for this purpose  and understand that it (1) may be revoked at any time except for action already taken based on the consent,  and (2) expires automatically when the person for whom records are being collected is no longer applying for  or receiving services from TWS/VRS. | | | | |
| **Signatures** | | | | |
| Applicant name: | | Applicant signature:  **X** | | Date: |
| Printed guardian and/or representative name (if applicable): | | Guardian and/or representative signature:  **X** | | Date: |
| Printed TWS/VRS representative name: | | TWS/VRS representative signature:  **X** | | Date: |
| Printed witness name (if one of the above signs with a mark): | | Witness signature:  **X** | | Date:       f orm |