TEXAS WORKFORCE SOLUTIONS

Texas Workforce Commission
Vocational Rehabilitation Services

Application Statement

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 agency 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 agency application process, appeals process, mediation procedures, and the availability of the Client Assistance Program;
- understand that the agency 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; and
- understand that my Ticket to Work will be assigned to the agency by the Social Security Administration (SSA) once I sign my Individualized Plan for Employment (IPE). Prior to signing my IPE, I may request information regarding my Ticket to Work options.

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: