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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: | | | | | | | | | | | | | | | |
| Prefix: | Preferred Name: | | | | | | | | | | | | | | | | | | Date of birth: | | | | | | | | | | | | | | |
| Homeless/Runaway  :  Individual does not meet the definition of homeless  Individual does meet the definition of homeless  Participant did not self-identify | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | ZIP: | | | | | ZIP suffix: | | | | | | | | | | State: | |
| City: | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | |
| Local Workforce Development Area: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Phone:  (     )  Ext: | | Type:  Carrier: | | | | | | | Phone 2:  (     )  Ext: | | | | | | | | | | | | | | | | | | | Type:  Carrier: | | | | | |
| Phone 3:  (     )  Ext: | | Type:  Carrier: | | | | | | | Phone 4:  (     )  Ext: | | | | | | | | | | | | | | | | | | | Type:  Carrier: | | | | | |
| Preferred Primary Method of Meeting:  Face to Face  Phone  Virtual  Did not Select/Disclose  Not Applicable | | | | | | | | | | Preferred Secondary Method of Meeting:  Face to Face  Phone  Virtual  Did not Select/Disclose  Not Applicable | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Tertiary Method of Meeting:  Face to Face  Phone  Virtual  Did not Select/Disclose  Not Applicable | | | | | | | | | | Preferred Method of Ongoing Contact:  Email  Text  Phone  Mail | | | | | | | | | | | | | | | | | | | | | | | |
| Customer has Internet:  Yes  No  Customer has computer/laptop:  Yes  No  Customer is able to video conference:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Video Relay IP Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Primary Email 1:  Type: | | | | | | | | | | | Email 2:  Type: | | | | | | | | | | | | | | | | | | | | | | |
| Email 3:  Type: | | | | | | | | | | | Email 4:  Type: | | | | | | | | | | | | | | | | | | | | | | |
| Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Currently Enrolled   :  Not at this time  Grades 7-12  Private School 7-12  Home School 7-12  Grades K-6  Private School K-6  Home School K-6  18+ Program in High School  GED Program  College 2 year  College 4 year  Grad school- Master’s degree  Grad school- PhD  Vocational school for industry certification  Vocational Training not leading to a credential  Training-DOL Registered Apprenticeship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individualized Education Plan:  Yes  No  Did not disclose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 504 Plan:  Yes  No  Did not disclose | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Level of Education at Initial Contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disaster/Incident Victim:  Yes  No  COVID-19 Job Loss  COVID-10 VR/OIB Service Delay  Winter Storm 2021  Mass Incident at Robb Elementary-Uvalde | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Population Indicators :  Acquired brain injury (including TBI and Stroke)  Blind Vocational Rehabilitation  Deaf/Hard of Hearing  Deafblind  Independent Living Services for Older Individuals who are Blind (OIB)  Mobility Impaired  Mental Health/Substance Abuse  General Vocational Rehabilitation  Neurodevelopmental  Recipient of Subminimum Wages from a 14c  Spinal Cord Injury (SCI)  Veteran  VRS Transition | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 (this option is not available for those 18 or younger) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certified Degree of Indian Blood Card:  Yes  No  If yes, Indian and Native American Programs: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VR Services Strategy Requested  :  Preparing for Employment  Obtaining Employment  Retaining Employment  Advancing Employment  Exploring Older Blind Services  Pre-ETS Services Only  Older Blind Services Only  Career Counseling for 511 Customers Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Anticipated Employment Outcome  :  Competitive Integrated Employment  Self-Employment  Supported Employment  Supported Self-Employment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 Phone Number:  (     ) | | | | | Ext: | | | | | | | | | | | | | | | Type: | | | | | | | | | | | | | |
| Start My VR Ticket Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Personal  Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do not contact for Surveys | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer may need assistive or rehabilitative technology  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Lawsuit Pending:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Customer has barriers related to an arrest, conviction, or other offense or delinquent act:  Did not disclose  No  Yes | | | | | | | | | | | | | | | Housed in a jail or prison at application:  Yes  No  If applicable, date released from incarceration: | | | | | | | | | | | | | | | | | |
| Offered Voter Registration Assistance to the Customer Date (Reference VR1680): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |
| **I9 Verification** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Document List Type (List A, B and/or C): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 available through employer is pending  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 but Termination Notice Received  Employed: Transitioning Service Member  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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment Status Type:  Job Retention  Career Advancement  Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 other 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? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |
| Is your disability interfering with maintaining your job? | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | | | |
| What services do you need? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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  Did not Disclose  Veteran with Dishonorable Discharge  Veteran- Any discharge other than dishonorable discharge  Not a veteran | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Active Military:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Work History Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Has the customer ever been employed?**  **Yes**  **No If no, proceed to next section.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer name 1: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End date (month, day and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Months Employed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | |
| Phone number: (     )       Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Employer name 2: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Months Employed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | |
| Phone number: (     )       Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Employer name 3: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| End date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Months Employed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: | | | | | | | | | | | | | | | | | | | | | |
| Phone number: (     )       Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Current Employment Information (complete only if employed at time of application) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job title: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Earning type:  Weekly  Hourly  Bi-weekly  Monthly | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly hours worked: | | | | | | | | | | | | Gross weekly, hourly, bi-weekly, or monthly earnings: | | | | | | | | | | | | | | | | | | | | | |
| Hire date (month, day, and year): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employment end date: | | | | | | | | | | | | | | | | | | | | | | | | Is this Federal Employment:  Yes  No | | | | | | | | | |
| Employer name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employer address: | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | State: | | | | | | | | |
| City: | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | | | | |
| Phone number: (     )       Ext: | | | | | | | | | | | | Type: | | | | | | | | | | | | | | | | | | | | | |
| Website URL: | | | | | | | | | | | | Email: | | | | | | | | | | | | | | | | | | | | | |
| Employer additional information or comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information source: | | | | | | | | | | | | Employer contact okay?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| Employed with no earnings?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Monthly Financial Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Customer refused to disclose financial information.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Economic Resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Wages: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Net Income if self-employed: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Savings and Liquid Assets (includes savings, stocks, bonds etc. of the customer, spouse, and parent, if dependent): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Personal Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekly hours worked: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gross weekly earnings: $ | | | | | | | | | | | | | | | Gross Bi-weekly earnings: $ | | | | | | | | | | | | | | | | | | |
| Hourly wage: $ | | | | | | | | | | | | | | | Gross monthly earnings: $ | | | | | | | | | | | | | | | | | | |
| Child support: $ | | | | | | | | | | | | | | | Interest, dividends, trusts and royalties: $ | | | | | | | | | | | | | | | | | | |
| Savings (enter monthly amount used from savings): $ | | | | | | | | | | | | | | | Rental income:  $ | | | | | | | | | | | | | | | | | | |
| Pension or annuities: $ | | | | | | | | | | | | | | | Other customer income (other income not included in categories above): $ | | | | | | | | | | | | | | | | | | |
| **Public Support** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pell Gant Recipient:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TANF:  $ | | | | | | | | | | | | Exhausting TANF within two-years:  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| General Assistance (Include payments from State or Local government): $ | | | | | | | | | | | | Workers’ Comp: | | | | | | | | | | | | | | | | | | | | | |
| Unemployment Compensation: $ | | | | | | | | | | | | Veterans' Disability Benefit: $ | | | | | | | | | | | | | | | | | | | | | |
| Other Public Support "cash benefit" not listed: $ | | | | | | | | | | | | Non-cash support:  $ | | | | | | | | | | | | | | | | | | | | | |
| **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: $ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Any In-Kind or non-cash support from a charity:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adjustments to Income** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mortgage/Rent: $ | | | | | | | Other Expenses (include medical or court related) $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Government garnishment: $ | | | | | | | Child Support garnishment: $ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Allowances** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of Dependents (number of individuals who are dependent upon the customer's and/or family's income and liquid assets.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Update: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Security Income Benefits | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplemental Income Security Benefits (SSI)- Presumptive Eligibility for VR Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive SSI Disabled/Blind Adult benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive 1619b Medicaid:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive SSI Childhood benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title II Disability Benefits- Presumptive Eligibility for VR Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive Title II Social Security Disability Insurance benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive Title II Childhood Disability Beneficiary/Disabled Adult benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive Title II Disabled Widow/Widower benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overpayment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have an overpayment from an SSI benefit:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have an overpayment from a Title II disability benefit:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you paying a monthly amount to Social Security at time:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Social Security Benefits- NOT presumptively eligible for VR services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive SSI Aged Adult benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive Title II Cash benefits (youth under age 18 only):  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you receive Social Security Retirement benefits:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ticket to Work | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have a ticket to work:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you working with a provider to find employment:  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Provider Contact: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Information Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 1:** | | | | | | | | | | | | | | | | **From date:** | | | | | | | | | | **To date:** | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | State: | | | |
| City: | | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | |
| Phone 1:  (     )       Ext: | | Type: | | | | | | | | | Phone 2:  (     )       Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Phone 3:  (     )       Ext: | | Type: | | | | | | | | | Phone 4:  (     )       Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Source Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source Website: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 2:** | | | | | | | | | | | | | | | | **From date:** | | | | | | | | | | **To date:** | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | State: | | | |
| City: | | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | |
| Phone1:  (     )       Ext: | | Type: | | | | | | | | | Phone 2:  (     )  Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Phone 3:  (     )  Ext: | | Type: | | | | | | | | | Phone 4:  (     )  Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Source Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source Website: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Source name 3:** | | | | | | | | | | | | | | | | | | | | | **From date:** | | | | | | | | | **To date:** | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | ZIP: | | | | | | | | | State: | | | |
| City: | | | | | | | | | | | | | | | County: | | | | | | | | | | | | | | | | | | |
| Phone 1:  (     )       Ext: | | Type: | | | | | | | | | Phone 2:  (     )       Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Phone 3:  (     )       Ext: | | Type: | | | | | | | | | Phone 4:  (     )       Ext: | | | | | | | | | | | | | | | | | Type: | | | | | |
| Source Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source Website: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | |