



Application

Please print

Your last name		First	Middle initial	Maiden name
Street address		Telephone		E-mail address
City	State	ZIP	Date of birth	Social Security number
Mailing address (if different)		City	State	ZIP
Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you (pick one or more): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Pacific Islander or Native Hawaiian	Check the box of any cash benefits you receive and enter the amount received per month: <input type="checkbox"/> Social Security Disability Benefits (SSDI) _____ <input type="checkbox"/> Veterans Disability Benefits _____ <input type="checkbox"/> Supplemental Security Income (SSI) _____ <input type="checkbox"/> Workers' Compensation _____ <input type="checkbox"/> TANF _____ <input type="checkbox"/> All other public support _____		
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have medical/health insurance? <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Public insurance from other source (Worker's Comp, Children's Health Insurance Program, etc.) <input type="checkbox"/> Private insurance through own employer <input type="checkbox"/> Not yet eligible for private insurance through current employer but will be <input type="checkbox"/> Private insurance through other means (Affordable Health Care Act or Parent's/Family's insurance) <input type="checkbox"/> None		
What is your highest level of education? <input type="checkbox"/> No formal schooling <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Elementary education (1-8) <input type="checkbox"/> Master's degree <input type="checkbox"/> No high school diploma or GED (9-12) <input type="checkbox"/> Any degree above a Master's degree <input type="checkbox"/> Special education certificate of completion/diploma <input type="checkbox"/> Occupational credential beyond undergrad <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Occupational credential beyond graduation <input type="checkbox"/> Post-secondary education, no degree or certificate <input type="checkbox"/> Vocational/Technical certificate or license (CNA, Apprenticeship, etc.) <input type="checkbox"/> Post-secondary academic degree, Associate's degree		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No * *If I am not a U.S. Citizen, I agree by signing this Application to provide a copy of my USCIS documentation upon request. My alien number is: _____ Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed If you are a high school student, please check if you have either a: <input type="checkbox"/> 504 Plan or <input type="checkbox"/> IEP (Individualized Education Program) In your lifetime (including childhood) have you ever injured your head, face or neck or experienced repeated impacts to your head (e.g. from shaking, car accident, fall, fight, gunshot, explosion, contact sports or military service, etc.) OR have you ever experienced an illness that affected your brain (e.g. cancer, stroke, meningitis, tumor, drowning, poisoning, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure		
What is your living situation? <input type="checkbox"/> Private Residence <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Substance Abuse Treatment Center <input type="checkbox"/> Community Residential/Group Home <input type="checkbox"/> Nursing Home <input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Rehab Facility <input type="checkbox"/> Adult Correctional Facility <input type="checkbox"/> Other <input type="checkbox"/> Halfway House		What is your primary source of financial support (wages/income) at application? <input type="checkbox"/> Personal income <input type="checkbox"/> Public support <input type="checkbox"/> Family or friends <input type="checkbox"/> All other sources		
What is your present employment status? <input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Not employed: all other students <input type="checkbox"/> Employed with supports <input type="checkbox"/> Unpaid family worker <input type="checkbox"/> Unpaid trainee, intern, volunteer <input type="checkbox"/> Self-employment <input type="checkbox"/> Not employed: student in high school <input type="checkbox"/> Not employed		If you are working: Who are you working for? _____ How much do you earn in a typical week? _____ What is your job? _____ How many hours do you work? _____ _____ When (date) did you start this job? _____		
What benefits can you get on this job? <input type="checkbox"/> None <input type="checkbox"/> Health insurance <input type="checkbox"/> Retirement <input type="checkbox"/> Sick leave <input type="checkbox"/> Vacation <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other (describe) _____		Please tell what health or medical condition, injury, physical impairment or mental impairment limits your ability to work. _____		
Do you wish to register to vote at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No The Nebraska Voter Registration form can be found at http://www.sos.ne.gov/elec/pdf/vr.pdf .		What kind of job do you want to do? (Be specific) _____		
Who told you to get in touch with Nebraska VR? _____		What help do you need to go to work in this job? _____		

I hereby attest that my responses and the information provided on this form for services are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand the next section of this form and I understand that as an applicant for services, I will get only services needed to find out if Nebraska VR can help me get ready for, get, keep, or regain a job. My signature shows I intend to get and keep a job with an employer in the open labor market, or to work for myself in a job that is in line with my strengths, abilities, capabilities, interests, and informed choices.

Your application is not active until Nebraska VR receives it.

X Applicant (Signature)	X Date	X Parent, Guardian or Representative	X Date
		X Nebraska VR Representative	X Date received in VR office

Understanding Your Rights as an Applicant

What are my rights?

Informed choice. You have the right to take part in meaningful decisions about the services you receive throughout the VR process. If you require assistance in exercising informed choice, support will be provided.

Access to your records. If you or your appointed representative make a written request, VR will let you look at and copy information in your service record, except for information which another agency, organization, person, or Federal regulations say we cannot release to you. If you think any information in your record is inaccurate or misleading, you can ask us to change it. If we do not change it, we will put that information in your record.

Access to Client Assistance Program. You can get in touch with the *Client Assistance Program* if you need information or help to—

- understand vocational rehabilitation services
- get advice about services or benefits that may be available to you
- get advice about your rights and responsibilities
- deal with problems with a program that is providing you with vocational rehabilitation services
- asking for mediation or a review of a VR decision

Call 1.800.742.7594 (toll free)
471.3656 (Lincoln) TT Available
Write to Box 94987
Lincoln, Nebraska 68509

Right to mediation. If you want mediation of any decision about your VR eligibility or your priority group, you may contact the Regional Mediation Center serving your county. You can ask VR or the *Client Assistance Program* for a list.

Both you and VR must volunteer to take part in mediation. A qualified and impartial mediator who is trained in effective mediation techniques will do the mediation.

Review of eligibility and priority group decisions If you want a review of a decision about your eligibility or priority group, you may file a petition for an impartial review. An impartial hearing officer using the Nebraska Department of Education's Rule 71 (Title 92 Nebraska Administrative Code, Chapter 71) will do this review. You can ask VR or the Client Assistance Program for a copy of this rule, or get a copy at: <http://vris.vr.ne.gov/>. The copy will include a sample petition form. The website also includes information about VR policy and procedures.

Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must submit your petition within 30 calendar days of the date you receive the written decision. Send your petition with a copy of the written decision you want reviewed to:

Impartial Hearing Coordinator
Nebraska VR
PO Box 94987
Lincoln NE 68509

You can ask the *Client Assistance Program* for help.

Develop your plan.

- You have 90 days to complete your *Individualized Plan for Employment* (IPE) from your date of eligibility.
- You have the right to receive help from a qualified VR staff member.
- You have the right to do all or part of the IPE on your own. If you want, you can have a parent, family member, guardian, disability advocacy organization, advocate, or other person help you write your IPE. You can also have a qualified VR Counselor who is not employed with the state unit write your IPE.

Do I have to give personal information to VR? The Federal Rehabilitation Act and regulations require us to get information about you so we can—

- find out if we can help you,
- help you choose your job goal and plan your services,
- provide services to you,
- review your progress toward your job goal, and
- report to the Federal government.

Giving us personal information is voluntary. However, if you do not give us needed information, your services may be delayed, or your case may be closed.

VR staff who are helping you, can look at your personal information.

VR and others outside VR who are helping you may share and exchange personal information if it is needed to decide your eligibility for services and benefits from other programs, verify your needs, and coordinate your services. VR follows Federal guidelines for this exchange.

You can expect VR staff to:

- Treat you with dignity and respect
- Respond to your needs in a timely manner
- Help you make informed choices
- Protect your privacy
- Help you understand our services
- Be honest with you
- Provide and/or help you get the services and supports you need to become successfully employed

It is the policy of the Nebraska Department of Education not to discriminate on the basis of gender, disability, race, color, religion, marital status, age, national origin or genetic information in its education programs, administration, policies, employment or other agency programs.



Sources & Services

Name _____

Primary Source of Support

Select your largest single source of support from **one** of the following four categories.

1. Personal Income and Amount If you have selected this category please complete #5.

2. Family or Friends (include spouse's wages or spouse's unemployment)

3. Public Support Type(s) and Amount(s) (includes incarcerated individuals) If you selected this category please complete #6.

4. All Other Sources (includes private disability insurance and private charities)

5. If you selected #1 above, indicate your **main** source of personal income and amount you receive:

Wages \$ _____

Self-Employment \$ _____

Interest/Dividends \$ _____

Renters/Boarders \$ _____

Trust Income \$ _____

Retirement Benefits (include Social Security Retirement) \$ _____

6. If you selected #3 above, check **all** that apply and the amount(s) you receive:

SSDI (does not include Social Security Retirement) \$ _____

SSI \$ _____

TANF \$ _____

Vet Benefits \$ _____

Worker's Comp \$ _____

Incarcerated Individuals (no \$)

*Continued on back

Primary Source of Services (Involvement with Agencies)

Check the boxes of **all** sources who provide you services

- Not provided services or funding from anything listed below
- American Indian VR Services Program
- Center for IL - League of Human Dignity
- Center for IL – Independence Rising – Grand Island
- Center for IL - Panhandle Independent Living Services
- Child Protective Services/Child Family Services
- Community Rehab Program - Mental Health Association (includes HOPE, Lincoln)
- Community Rehab Program - Community Alliance
- Community Rehab Program - Liberty Centre
- Community Rehab Program – Cirrus House
- Community Rehab Program - Central Nebraska Goodwill Industries
- Community Rehab Program - Career Solutions
- Community Rehab Program - Autism Center of Nebraska
- Consumer Organization or Advocacy Group
- Educational Institutions - High School and Elementary School
- Educational Institutions - Post Secondary
- Employers
- Employment Networks, not otherwise listed
- Federal Student Aid, work-study, PELL, SEOG, etc.
- Intellectual and Development Disabilities Agencies
- Medical Health Provider
- Mental Health Provider
- One Stop Employment/Training Center - American Job Center, Lincoln
- One Stop Employment/Training Center - American Job Center, Grand Island
- One Stop Employment/Training Center - American Job Center, Omaha Heartland
- Public Housing Authority
- Social Security Administration
- State Department of Adult Corrections/Juvenile Justice
- State Employment Service Agency (All other Dept of Labor, Unemployment)
- Veteran's Administration
- Welfare Agency (HHSS programs)
- Worker's Compensation
- Other VR State Agencies
- Other State Agencies
- Other Sources