Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job.
Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the VR Website and click on "Contact Us." Then select "Directory of Local VR Offices and Vendors;" or call toll free (800)-451-4327.

Date of Referral _____

Name of Individual (Please Print)	**Date of Birth**	**Social Security Number**

Address (Home)	**City**	**State**	**Zip**
Address (Mailing)	**City**	**State**	**Zip**

Telephone Number ☐ Home ☐ Cell	**Additional Contact Name**
Additional Contact Phone Number	**Additional Contact Email**

What is the best method of contact? (Select one)
☐ Email ☐ Mail ☐ Phone ☐ Other (specify) _____

Can VR leave a message at the number listed above? ☐ Yes ☐ No

Gender ☐ Male ☐ Female ☐ Does not wish to disclose or self-identify

Email Address	**Have you ever received services from VR?** ☐ Yes ☐ No

Education Level

Marital Status ☐ Divorced ☐ Married ☐ Never Married ☐ Separated ☐ Widowed

Ethnicity
☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Does not wish to disclose or self-identify

Race (Check all that apply)
☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Does not wish to disclose or self-identify

Accommodations
Do you require an Interpreter? ☐ Yes, ASL ☐ Yes other, specify language:
Do you require translated documents ☐ Yes
Do you require an assistive listening device? ☐ Yes
Do you require any other accommodations for your impairment? ☐ Yes If so, please explain:

What impairment prevents you from working?

How can VR help you become employed?

How did you hear about us?

Agency/Vendor/School:	**Contact Person:**	**Phone #:**

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For Office Use Only

Received Date : _____	☐ Phone	☐ Mail	☐ In Person	☐ Fax
Contact Date: _____	Contacted by: _____	☐ Phone	☐ Letter	☐ In Person
Orientation Scheduled:	Date: _____	☐ Group	☐ Individual	☐ Video
Additional Notes: _____				
Outcome of Referral	☐ Completed Application	☐ Decided not to apply	☐ Missed Orientation	
	☐ Completed Orientation	☐ Other _____		

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2021 Federal fiscal year, the total amount of grant funds awarded were $176,836,896. The remaining 21.3 percent of the costs ($47,860,557) were funded by Florida State Appropriations. Revised October 2021.

local street address line 1 · city, state, zip · phone · Fax: fax number