

## 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**

<b>Name of Individual (Please Print)</b>		<b>Date of Birth</b>		<b>Social Security Number</b>	
<b>Address (Home)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Address (Mailing)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Telephone Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell			<b>Additional Contact Name</b>		
<b>Additional Contact Phone Number</b>			<b>Additional Contact Email</b>		
<b>What is the best method of contact? (Select one)</b> <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify) _____					
<b>Can VR leave a message at the number listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify					
<b>Email Address</b>			<b>Have you ever received services from VR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Education Level</b>					
<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Does not wish to disclose or self-identify					
<b>Race (Check all that apply)</b> <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Does not wish to disclose or self-identify					
<b>Accommodations</b> Do you require an Interpreter? <input type="checkbox"/> Yes, ASL <input type="checkbox"/> Yes other, specify language: Do you require translated documents <input type="checkbox"/> Yes Do you require an assistive listening device? <input type="checkbox"/> Yes Do you require any other accommodations for your impairment? <input type="checkbox"/> Yes    If so, please explain:					
<b>What impairment prevents you from working?</b>					
<b>How can VR help you become employed?</b>					
<b>How did you hear about us?</b>					
<b>Agency/Vendor/School:</b>		<b>Contact Person:</b>		<b>Phone #:</b>	

## Referral to Vocational Rehabilitation

F o r m i c e U s e O n l y	Received Date : _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax
	Contact Date: _____	Contacted by: _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
	Orientation Scheduled: _____	Date: _____	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Video
	Additional Notes: _____				
	<b>Outcome of Referral</b>				
	<input type="checkbox"/> Completed Application	<input type="checkbox"/> Decided not to apply	<input type="checkbox"/> Missed Orientation		
	<input type="checkbox"/> Completed Orientation	<input type="checkbox"/> 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