



PLEASE PRINT

Name (Last)	First	M.I.	Suffix (i.e., Jr.)	Social Security Number
Home Address (Street)		City	State	Zip Code
Home Phone No.		Alternate Phone No.		Date of Birth
County of Residence	E-mail Address		Are you referring yourself?	

What is your disability?

Where do you live?

- | | | |
|---|--|---|
| <input type="checkbox"/> Private residence | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Homeless shelter |
| <input type="checkbox"/> Community residential/group home | <input type="checkbox"/> Halfway house | <input type="checkbox"/> Assisted living center |
| <input type="checkbox"/> Rehabilitation facility | <input type="checkbox"/> Adult correctional facility | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mental health facility | <input type="checkbox"/> Substance abuse/treatment ctr | |

Are you a U.S. Citizen? Yes No If no, please list your immigration status: _____

Race/ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

Would you like to register to vote?

- Yes No
 Already registered

What is your highest grade completed?

- | | |
|--|--|
| <input type="checkbox"/> No formal education | <input type="checkbox"/> High school graduate or equivalency (Reg GED) |
| <input type="checkbox"/> Elementary education (1-8) | <input type="checkbox"/> Post-secondary education, no degree |
| <input type="checkbox"/> Secondary education, no diploma (9-12) | <input type="checkbox"/> Associate degree, or voc/tech cert |
| <input type="checkbox"/> Special education cert. of completion/diploma of attendance | <input type="checkbox"/> Bachelor's degree |
| | <input type="checkbox"/> Master's degree or higher |

Are you currently enrolled in high school? Yes No

Have you ever received services under an individualized education plan (IEP)? Yes No

Are you currently working? Yes No What is your hourly wage? _____ How many hours per week? _____

How do you financially support yourself?

- Personal income
 Family and friends
 Public support (Click all that apply: SSI, SSDI, TANF, food stamps)
 All other sources

Which types of medical insurance do you receive?

- Click all that apply.
 Medicaid Medicare
 Private None

Contact person(s): If you complete this section, you are permitting RSC to disclose to the contact person that you have applied for services.

Name	Address	Phone No.
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The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your application, verify your eligibility and provide vocational rehabilitation services, the Rehabilitation Services Commission (RSC) may need to access personal information about you, such as your Social Security Number, which is maintained by the Commission. By signing this application, you are requesting that RSC access any personal information necessary to process your application, determine eligibility and provide services. Please note that RSC will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.

RSC does not discriminate against any applicant for services on the basis of age, color, creed, national origin, race, sex, type of disability or in any manner prohibited by law.

I acknowledge that in applying for services, RSC will obtain/or release the following information about me:

- To purchase services for me.
- In collaboration with VRP3 partners on my behalf.
- To report my progress to the agency who referred me to RSC.
- When required by law and to facilitate the administration of the Rehabilitation Act.
- To do research to improve the lives of people with disabilities.
- To the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits, if applicable.
- To other state agencies, if applicable.

Signature of Applicant (If under 18, parent/guardian must sign)	Date of Application
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Signature of Parent or Guardian	Date of Application
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RSC Use Only: I have explained RSC services and procedures, consumer rights, confidentiality, the Client Assistance Program (CAP), and the right to register to vote; provided Consumer Fact Sheet for Application about rights and duties and informed choice; and provided the consumer with a copy of this application. I have done so in the preferred mode of communication of this consumer. _____ Initials _____ Date

This application was received. _____ Initials _____ Date