



**VR-118X
Entry Services**

118X-Entry Level II

AV#:	(7 digits)
ACCES-VR ID#:	(6 digits)
CAMS ID #:	(10 digits)

VR District Office:	Provider:
Participant First Name:	Participant Last Name:
Participant Phone Number:	
Participant Email Address:	

Checklist

- Application for VR Services (VR-04)
- Information Release Authorization (VR-21) (3 Copies)
- Information Release Authorization (VR-22) (3 Copies)
- Confidential Health Assessment (VR-26)
- Application Information Sheet
- Voter Registration
- Other Information:

Disability Information

- Documentation of SSI/SSDI/DSS
- Physician Cover Letter with Release to Work and Estimated Physical Capacities Form
- WC Authorization to Disclose (OC-110A)
- Medical/Psychological Report
 - Specify (Type and Date):
 - Specify (Type and Date):
 - Specify (Type and Date):

Observations:

(Please provide detailed information regarding the individual's physical or mental impairment, functional limitations, impediments to employment, treatment history (as applicable), education and work history.)

Completed By:

Qualified Staff Signature

Date

Printed Name

Title

Phone Number:

Email:

For ACCES-VR use Only:

If packet is incomplete, please note the date the provider was notified:

Date: