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: