



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

Entry Services Cover Sheet – 118X

VR District Office:	Provider:
Consumer Name:	
First:	Middle: Last:
Date of Birth:	Date of First Contact:

APPLICATION PACKET

- 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)
- Background Information Case Note
- 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:

For ACCES-VR Use Only:
Packet incomplete.....provider notified on:

Completed By: Title:
 Phone Number: Date:
 Email Address: