



Entry Services ACCES-VR Orientation (Survey)

1. Did you gain an understanding of ACCES-VR Services? Yes No
2. Will you be applying for ACCES-VR Services? Yes No
3. Do you understand how to apply for ACCES-VR Services? Yes No
4. Will you need assistance to apply for services? Yes No
5. How did you hear about ACCES-VR? (check below)

Listing of Referral Sources (optional):

- | | |
|---|---|
| <input type="checkbox"/> Advertising
<input type="checkbox"/> Drug/Rehab Program
<input type="checkbox"/> Family/Friends
<input type="checkbox"/> High School/Post Secondary Education | <input type="checkbox"/> Independent Living Center
<input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Rehabilitation Agency
<input type="checkbox"/> Other (specify): |
|---|---|

Your Name:		
First:	Middle:	Last:
Your Phone Number:		
Your Email Address:		

Comments: