

**VR-118X**

**Entry Services**

**118X-Entry Level II**

|  |  |  |
| --- | --- | --- |
| AV#: | (7 digits) | Click to enter |
| ACCES-VR ID#: | (6 digits) | Click to enter |
| CAMS ID #: | (10 digits) | Click to enter |

|  |  |  |  |
| --- | --- | --- | --- |
| VR District Office:  | Click to enter | Provider: | Click to enter |
| Participant First Name: | Click to enter | Participant Last Name: | Click to enter |
| Participant Phone Number: | Click to enter |
| Participant Email Address: | Click to enter |

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| **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: | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| 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): | Click to enter |
|  |  | Specify (Type and Date): | Click to enter |
|  |  | Specify (Type and Date): | Click to enter |
|  |  |  |  |  |  |  |  |  |  |
| **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.) |
| Click to enter |
|  |  |  |  |  |  |  |  |  |

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| **Completed By:**  |
|  |  | Click to enter |
| Qualified Staff Signature |  | Date |  |
| Click to enter |  | Click to enter |
| Printed Name |  |  | Title |  |
| Phone Number: | Click to enter |  | Email: | Click to enter |

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| **For ACCES-VR use Only:** |
| If packet is incomplete, please note the date the provider was notified: |
| Date: |