

NAME	<i>Last</i>	<i>First</i>	<i>Middle Initial</i>		GENDER
					<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender X/Does not wish to self-identify

If you have been known by another name , enter here: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <i>Last</i> <i>First</i> <i>Middle Initial</i> </div>	SOCIAL SECURITY NUMBER
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HOME ADDRESS	<i>Street</i>	<i>Apartment Number</i>
	<i>City</i> <i>State</i> <i>Zip Code</i>	<i>County</i>

If your **MAILING ADDRESS** is different than your home address, please complete the mailing address information below.

MAILING ADDRESS	<i>Street</i>	<i>Apartment Number</i>
	<i>City</i> <i>State</i> <i>Zip Code</i>	<i>County</i>

Select VR Office you would like to receive services from:

PHONE NUMBER(S) where we can reach you or leave a message:

<i>Area code</i>	<i>Phone Number</i>	<i>Best time to call</i>	<i>Phone Type</i>	<i>Email:</i>
1. ()				_____
2. ()				

<p>Race/Ethnicity-Choose ALL that apply.</p> <p><i>If left blank ACCES will complete. If Hispanic or Latino is checked, please check additional box.</i></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> American Indian or Alaska Native Asian (includes Indian Subcontinent) Black or African American </td> <td style="width: 50%;"> Hispanic or Latino Native Hawaiian or Other Pacific Islander White </td> </tr> </table>	American Indian or Alaska Native Asian (includes Indian Subcontinent) Black or African American	Hispanic or Latino Native Hawaiian or Other Pacific Islander White	<p>DATE OF BIRTH</p> <p>Month Day Year</p>
American Indian or Alaska Native Asian (includes Indian Subcontinent) Black or African American	Hispanic or Latino Native Hawaiian or Other Pacific Islander White		

What is your disability?

Who referred you to us?	<p>MARITAL STATUS: (Check Box)</p> <p style="text-align: center;"> <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never Married </p>
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Please answer the following questions to the best of your ability at this time, if you're unable to, they will be reviewed when your application is processed.

Are you currently working with any other governmental or not-for-profit agency?..... Yes No

Describe how your disability limits your ability to work.

What services are you seeking from ACCES-VR?

Please provide any additional supporting documentation

Are you disabled because of a work-related injury?	Yes	No	Are you a veteran?	Yes	No
Do you use any assistive devices or aids?	Yes	No	Are you a citizen of the United States?	Yes	No
Do you have a NYS driver's license?	Yes	No	Check the benefits you now receive:		
Do you have a driver's license from a state other than New York?	Yes	No	SSI	SSDI	Workers Compensation
Do you have access to a motor vehicle?	Yes	No	Other, specify _____		
Do you use public transportation?	Yes	No			
Are you able to leave your home?	Yes	No			

Do you regularly see a doctor or clinic about your disability? Yes No If yes, indicate date of last visit: _____
Please provide the name and address of doctor(s) and clinic(s):
(1) (2)

List the highest grade you have successfully completed: _____ and check the applicable box(es)
GED or High School Equivalency Diploma: Yes No College Graduate School Doctorate
Special Education Yes No Do you now attend high school? Yes No Indicate college degree(s) earned:

Last School Attended	Name of School	Address

List below other people in your household

Full Name	Age	Their Relationship to You

List below the people ACCES-VR can contact if we are unable to reach you using the information on page 1.

Name	Address	Phone

List below your work history (include attachments for additional Jobs, if necessary)

Employer Name and Address	Dates Employed From - To	Weekly Earnings	Job Title and Duties, and Reason for Leaving

Please provide any additional supporting documentation:

I hereby apply for rehabilitation services: _____ Signature of applicant, parent, or legal guardian*:
X
Date: _____

***If you are under the age of 18, or have a legal guardian, they will need to sign the application on your behalf.**

Persons applying for or receiving rehabilitation services have the right to have any actions or decisions of this office reviewed. A description of the review process and form can be obtained from any ACCES-VR District Office.

All information will be kept confidential and is subject to verification.

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