

**Entry Services**

**ACCES-VR Orientation Survey**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |    | Middle: |   | Last Name: |  |
| Participant Phone Number: |  |
| Participant Email Address: |  |

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| **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? (Optional)** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |[ ]  **Advertising** |  |  |[ ]  **Independent Living Center** |
|  |  |[ ]  **Drug/Rehab Program** |[ ]  **Medical Clinic** |
|  |  |[ ]  **Family/Friends** |  |  |[ ]  **Probation/Parole** |
|  |  |[ ]  **High School/Post-** |[ ]  **Rehabilitation Agency** |
|  |  |  | **Secondary education** |[ ]  **Other (Specify)** |
|  |  |  |  |  |  |  |  |
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|  | **Comments:** |  |  |  |  |  |  |  |  |
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