

**Entry Services**

**ACCES-VR Orientation Survey**

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| --- | --- | --- | --- | --- | --- |
| 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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