Entry Services

ACCES-VR Orientation Survey

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

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**
- ☐ **Drug/Rehab Program**
- ☐ **Family/Friends**
- ☐ **High School/Post-Secondary education**
- ☐ **Independent Living Center**
- ☐ **Medical Clinic**
- ☐ **Probation/Parole**
- ☐ **Rehabilitation Agency**
- ☐ **Other (Specify)** _____

Comments:

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Form Revised Date: 1/15/19