

**Entry Services**

**ACCES-VR Orientation**

(Survey)

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? (Check below)

[ ]  Advertising [ ]  Independent Living Center

[ ]  Drug/Rehab Program [ ]  Medical Clinic

[ ]  Family / Friends [ ]  Probation / Parole

[ ]  High School / Post Secondary [ ]  Rehabilitation Agency

 Education [ ]  Other (Specify): Click to enter.

|  |
| --- |
| Your Name: |
| First: | First Name. | Middle: | Middle Name. | Last: | Last Name. |
| Your Phone Number: | Phone Number. |
| Your Email Address: | Email Address. |

Comments:

Click to enter comments.