

**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.