

# Division of Vocational Rehabilitation

## Beginning Application Packet

Thank you for your interest in applying for services with DVR. To complete the DVR online Orientation and begin the Application Process:

1. Watch the [DVR Orientation Video](#).
2. Review the [DVR Orientation Flyers](#) and [Client Assistance Program Information](#)
3. Review the [DVR Orientation/Pre-assessment/Intake Procedures during the Pandemic](#)
4. Review, and complete this DVR Beginning Application forms in the following pages of this packet and submit them.

Once you have completed the forms, below, you may email them to DVR by clicking the link at the bottom of the last page. If you have any questions or need assistance, please contact the [DVR Office that serves your community](#).

### 5. Informed Consent for Tele/Video Counseling

With the current pandemic, all DVR services are being delivered virtually. This form explains and provides you with information about the process of tele/video counseling services, the counselor you will work with, and the potential benefits and risks of tele/video services. It also safeguards your rights and guides the ethical practice of tele/video counseling performed by DVR counselors.

### 6. Professional Disclosure Statement

Staff at DVR are held to the highest ethical standards, so we need to make sure you fully understand the DVR program before deciding to apply. This form is designed to explain what DVR does, our process, and your role as a participant of the program. It also explains any limitations of services, as well as the potential risks of services, such as a reduction of social security benefits due to working (we will pay someone to calculate how work will impact your benefits). This form also discusses the duration and frequency of services, which is generally individualized based upon your unique situation and needs. We also explain the confidentiality of your records and any situations in which information may be shared with others. There are also confidentiality risks that go along with the use of technology, which is important for you to know. Lastly, this form also covers fees and billing (there are never fees charged by DVR to participants), record retention and continuation of services, and qualifications and credentials of the staff you will be working with. If you have any questions about this form, please feel free to ask the DVR staff person who contacts you after you have submitted it.

### 7. Participant Information Questionnaire

When you apply for services with DVR, we need to collect a lot of information about you. This information is confidential and is never shared outside of DVR without your permission. There are a lot of questions about your disability, education, work history, and support system. We ask these questions to help us better understand how DVR services can work for you to achieve your goals. We will ask you more in depth questions during your intake, but for now, please try to answer as many questions as best as you can. If there is something you don't understand, just type in the text box that you don't understand, and we will go over it with you later.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY/STATE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ZIP

Thank you for your interest in applying for DVR. You can expect to hear from a DVR representative within 48 hours, or 2 business days, of submitting this form.



## **Alaska Division of Vocational Rehabilitation Informed Consent for Tele/Video Counseling Notice**

The purpose of this Informed Consent for Tele/Video Counseling Notice is to inform you, the client, about the process of tele/video counseling services, the counselor and the potential benefits and risks of these services. It is also to help safeguard you, the client, and give you information regarding the counseling services through tele/video-conferencing.

### **The Tele/Video Counseling Process**

#### **A. Privacy and Confidentiality**

Although the counselor will take extraordinary care and consideration to maintain client confidentiality, there are potential benefits and risks of tele/video-conferencing that differ from in-person sessions.

Possible limitations on confidentiality by using tele/video-conferencing, including

- situations when confidential information is stored on our computers
- circumstances when confidential information is transmitted electronically

Confidentiality still applies for tele/video counseling services, and nobody will record the session without the permission from the client and the counselor.

#### **Client's Responsibility When Using Internet**

The client is responsible for understanding the potential risks of confidentiality being breached through unencrypted email, lack of password protection or leaving information on a public access computer in a library or internet café.

The client is responsible for securing their own computer hardware, internet access points, chat software, email and passwords that are encrypted, secure, and HIPPA compliant when possible. If encryption is not made available to client, client should be aware that they are risking unauthorized monitoring of transmissions and/or records of Internet counseling sessions.

#### **B. Benefits of Receiving Tele/Video Counseling**

Tele/Video chat is convenient, allowing clients to potentially be counseled from anywhere once one gains an internet access and can operate the telephone and/or computer.

#### **C. Records**

The counselor will maintain records of tele/video counseling services. These records can include reference notes, copies of transcripts of chat, internet communications, and session summaries (case notes). These records are confidential and will be maintained as required by applicable legal and ethical standards according to the Federal regulations and the

Commission on Rehabilitation Counselor Certification (CRCC). The client will be asked in advance for permission before recording any audio or video sessions.

I agree to work with my counselor:

- To use the tele/video-conferencing platform selected for our virtual sessions.
- To use a webcam or smartphone during the session.

My counselor will explain how to use them.

I understand that:

- It is important to be in a quiet, private space that is free of distractions during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If I need to cancel or change my tele/video-appointment, I must notify the counselor in advance by phone or email. A minimum of 24-hour notice is required for re-scheduling or canceling an appointment.
- The counselor and I need a back-up plan (e.g., phone number where I can be reached) to restart the session or to reschedule it, in the event of technical problems.
- If I am under the age of 18, the counselor needs the permission of my parent or legal guardian (and their contact information) for me to participate in tele/video-conferencing sessions.
- As my counselor, he/she may determine that due to certain circumstances, tele/video-counseling is no longer appropriate and that the sessions should be resumed in-person.

By participating in my scheduled meetings, I accept and agree to the terms listed above in the Informed Consent. I understand that my counselor is a Vocational Rehabilitation Counselor who follows the Federal regulations of the vocational rehabilitation program and CRCC's ethical standards. I understand my participation is an agreement for counseling services conducted by my counselor of the Alaska Division of Vocational Rehabilitation.

Electronic Code of Federal Regulation

[TITLE 34 PART 361—STATE VOCATIONAL REHABILITATION SERVICES PROGRAM](#)

The Commission on Rehabilitation Counselor Certification

<https://www.crc certification.com/>





# Professional Disclosure Form

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## Purpose

The purpose of the Alaska Division of Vocational Rehabilitation (DVR) is to assist eligible persons with disabilities in obtaining or maintaining employment. This may be maintaining your current job, returning to your former job, or obtaining a job in a new field. The following information is meant to help you understand what to expect while you are applying for or receiving VR services.

## Roles/Process

- You and your Vocational Rehabilitation Counselor (VRC) will work together to either maintain your current job, or to help you find a job that you are able to do that is as close as possible to your vocational goals. Your counselor will use his/her counseling skills, knowledge and experience to help you through the VR process.
- In order to determine your eligibility for vocational rehabilitation (VR) services, we will need you to sign a release of information (ROI) to gather medical and/or psychological documentation about your disability/ies (e.g., tests, exams, or evaluations).
- Not everyone who applies for services will be determined eligible for services.
- You may not be eligible for services if it is determined that you do not have a disability; if a disability does not create a substantial impediment to employment; if VR services are not required for you to be successful in employment; or if it is determined that you will not benefit in terms of an employment outcome due to the severity of the disability.
- If you are eligible for services, you and your VRC will jointly develop an Individualized Plan for Employment (IPE) that supports your vocational goal within 90 days of your eligibility. If your IPE cannot be developed within 90 days, you and your VRC will need determine a date by which it will be developed. Your IPE can be reviewed and amended by you and your VRC when appropriate, but no less than annually.

## Limitations of Services

- Declining to participate may impact the implementation of your IPE or result in case closure.
- Services are individualized and provided according to your specific rehabilitation needs. Not everyone receives the same services because each person requires different services to be successful.
- Only services needed to obtain successful employment are provided. DVR must consider other resources and provide cost-effective ways to meet your rehabilitation needs.

- Not everyone who is found eligible or develops an IPE will achieve an employment outcome. Factors such as participation, cooperation and motivation, labor market conditions, employer factors, your ability to benefit, available transportation, resources, and other factors may affect your ability to obtain and/or maintain employment. Frequent communication with your VRC or other DVR staff is necessary to address any factors that may be creating barriers to your success.
- DVR will not pay for goods or services that are not pre- authorized by your VRC. Obligation for goods or services can only be done once a VRC has completed an "Authorization For Purchase" (AFP) to an approved vendor. DVR cannot reimburse an individual or vendor for goods or services purchased after-the-fact. Simply including a good or service on your IPE is not considered pre-authorization to purchase. Please discuss this with your VRC if you have any questions.
- DVR cannot pay any outstanding debt, including student loans, medical bills, parking tickets, and/or legal fees or fines, including reinstatement of drivers' license fees, as these costs are solely the responsibility of the participant.

### **Potential Risks of Services**

- Receiving services from DVR is a voluntary decision. You have the choice of whether or not to enter into, or remain in, a rehabilitation counseling relationship with your VRC and whether or not to participate in any assessments or services. Your VRC can review the potential consequences of choosing not to participate in assessments or services with you.
- Not all risks associated with services can be identified. Providing DVR with as much information is helpful in assisting us in this process.
- Employment may reduce, or result in the loss of benefits you receive including social security benefits. Your counselor may be able to refer you to appropriate resources to help you explore this further. DVR will take necessary steps to ensure you understand how work will affect your benefits.

### **Duration and Frequency**

The duration of services is based upon several factors such as time limitations, your medical condition, and your participation. You and your counselor will decide on the length and frequency of services when you develop your IPE. The frequency and length of services is dependent on many factors, including the employment goal chosen and services needed to reach the goal.

## Confidentiality and Privilege

The agency will collect personal information about you, either from you or from third parties, which will be used by the agency for purposes directly connected with the provision of services and the administration of the VR program. Personal information related to your rehabilitation services may be recorded in your file. Confidentiality may be limited by the following conditions:

- If information is transmitted electronically (see below for additional information on this, e.g., email or SARA)
- If a DVR employee believes that you may harm or endanger yourself or others.
- If a third party is paying for services.
- If DVR is required to comply with a subpoena or court order.
- If you are a minor or have a legal guardian.

Personal information may be released:

- For purposes directly connected with the provision of services and/or the administration of the rehabilitation program under which services are provided. This may include but is not necessarily limited to:
  - Audits, evaluation and research only to persons officially connected with the audit, evaluation and research. The information will be managed in a manner to safeguard confidentiality and the final product will not reveal personal identifying information.
  - Sharing of information among other agency employees, trainees, interns, volunteers, rehabilitation specialists and service coordinators. All staff members, trainees, interns, volunteers, rehabilitation specialists and service coordinators must abide by the agency's confidentiality policies.
  - Information may be released to the Designated State Agency, the Department of Labor and Workforce Development and its divisions solely as it relates to the administration of the VR Program.
  - The Social Security Administration upon written or oral request of the Social Security Administration or for the purpose of program cost reimbursement from the SSA, effective for an extended period of time beyond case closure.
  - If you file a complaint or request a Fair Hearing, information may be released to the Hearing Officer and/or Client Assistance Program.
  - To the Division's legal representation in the Attorney General's Office if the agency requires legal guidance or representation regarding your case.

## Confidentiality Risks Associated with Use of Technology

While electronic communication is often a preferred method of communication, there are some risks associated with it. DVR uses encrypted systems for electronic communication through both email and text messaging (SMS). As with all electronic communication, there is a risk of correspondence accidentally being sent to the wrong person, someone else intercepting the message, or someone such as a household member accessing to the correspondence.

DVR uses an electronic communication called SARA as a tool similar to the communication you may have with your DVR counselor's assistant. DVR counselors do not use electronic communication for distance counseling purposes. When using text messaging (SMS) as a communication method, standard messaging rates may apply, and you are solely responsible for these costs.

## Fee and Billing Arrangements

The agency receives both federal and state funds and does not charge a fee to participants for services provided directly by the rehabilitation counselor.

## Records and Continuation of Services

Records will be retained and/or released by the State of Alaska, Division of Vocational Rehabilitation, in accordance with its policy and properly destroyed in accordance with national or local statutes. If your assigned rehabilitation counselor leaves the agency or otherwise becomes unable to fulfill his/her commitments to you, your case will be assigned to an alternate rehabilitation counselor employed by the agency.

## Qualification and Credentials

Your case will be assigned to a VR Counselor employed by the agency. All VR Counselors employed by the agency (except entry level VRC I's) have a Master's Degree in Rehabilitation Counseling or a related field. All VR Counselors are either a Certified Rehabilitation Counselor (CRC), or working under the supervision and direction of a VR Counselor or manager with a CRC, and are in the process of becoming a CRC by obtaining the skills and experience that would qualify them to sit for the CRC exam.

Complaints or concerns should be addressed to any of the following individuals or entities:

- \* Your assigned VR Counselor
- \* Regional Rehabilitation Manager
- \* Client Assistance Program (CAP) Disability Law Center of Alaska  
3330 Arctic Blvd, Suite 103  
Anchorage, Alaska 99503  
1-800-478-1234 907.565.1000 (fax) [www.dlcak.org](http://www.dlcak.org)

*I understand that I will discuss the topics in this Professional Disclosure Form with my assigned DVR staff member at my first appointment, and I understand the information contained within this document. I understand that this page will be retained in my DVR case file, and I may retain the preceding pages or request a printed copy at any time for continued reference throughout the VR process.*

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Printed Name of Client

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Typed Signature of Client

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Date

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Printed Name of Legal Guardian (if applicable)

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Typed Signature of Legal Guardian (if applicable)

---

Date

---

Printed Name of DVR Staff Member and Title

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Signature of DVR Staff Member

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Date

# Participant Information Questionnaire

Name Last  First  Middle  Preferred Name

Primary Phone  Check one:  Cell  Landline  VP

Is this your phone?  Yes  No If no, name/relationship:

## Part I General Information

Have you ever applied for vocational rehabilitation services before?  Yes  No

If yes, where?

When?

Do you want to register to vote?  Yes  No  No, I am already registered to vote  Not eligible

(Under the National Voter Registration Act, DVR is considered a voter registration agency and is required to offer you the opportunity to register to vote. If a Voter Registration Rights and Declination Form has not already been provided to you, please notify a staff person.)

Race - Please mark all that apply:  American Indian or Alaskan Native  Asian  African American or Black  
 Native Hawaiian or Other Pacific Islander  Caucasian / White

Ethnicity (mark in addition to race)  N/A  Hispanic or Latino (i.e., Cuban, Mexican, Puerto Rican, South or Central America.

What is your primary language?

English Speaking Ability  Functional  Limited

English Reading Ability  Functional  Limited

What is your preferred method of communication?  Text Msg.  Email  Mail  VP  
 Phone Call

Do you have any additional considerations, such as language interpreters or environmental concerns that require accommodation?

Are you a Veteran of the US Armed Forces?  Yes  No

Have you registered for the Selective Service?  Yes  No If yes, Selective service #

Living Arrangement  Adult Correctional Facility  Homeless Shelter  Private Residence  
 Community Residential / Group Home  Mental Health Facility  Rehabilitation Facility  
 Halfway House  Nursing Home  Substance Abuse Treatment Facility  
 Other If other, specify where:

Marital Status  Married  Single  Domestic Partnership

United States Citizen?  Yes  No If no, legal status to work in the U.S.?  Yes  No

**How did you find out about Vocational Rehabilitation? (Mark only one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Adult Education and Literacy Program ( <i>ABE, ESL</i> ) | <input type="checkbox"/> Self-Referral   |
| <input type="checkbox"/> Centers for Independent Living ( <i>Access AK</i> )      | <input type="checkbox"/> Social Security Administration ( <i>DDS, TTW, District Office</i> ) |
| <input type="checkbox"/> Child Protective Services ( <i>OCS</i> )                 | <input type="checkbox"/> State Department of Corrections/Juvenile Justice                    |
| <input type="checkbox"/> Consumer Organizations or Advocacy Group                 | <input type="checkbox"/> Sub-minimum wage employer ( <i>FLSA 14c</i> )                       |
| <input type="checkbox"/> DOL Employment and Training ( <i>Job Corps, CSTS</i> )   | <input type="checkbox"/> TANF  |
| <input type="checkbox"/> Educational Institution ( <i>high school</i> )           | <input type="checkbox"/> Tribal Voc. Rehab. ( <i>AIVRS, CITC, APIA, ICAS</i> )               |
| <input type="checkbox"/> Educational Institution ( <i>college/vocational</i> )    | <input type="checkbox"/> Veterans Benefits Administration ( <i>includes VR&amp;E</i> )       |
| <input type="checkbox"/> Employer   | <input type="checkbox"/> Veterans Health Administration                                      |
| <input type="checkbox"/> Extended Employment                                      | <input type="checkbox"/> Vocational Community Rehabilitation Program                         |
| <input type="checkbox"/> Faith Based Organization                                 | <input type="checkbox"/> Welfare Agency ( <i>Public Assistance</i> )                         |
| <input type="checkbox"/> Family/Friends   | <input type="checkbox"/> Workers' Compensation   |
| <input type="checkbox"/> Intellectual & Developmental Disabilities Provider       | <input type="checkbox"/> Other One-Stop Partner  |
| <input type="checkbox"/> Job Center Wagner-Peyser Employment Services             | <input type="checkbox"/> Other Sources: _____  |
| <input type="checkbox"/> Medical Health Provider ( <i>public or private</i> )     | <input type="checkbox"/> Other State Agencies  |
| <input type="checkbox"/> Mental Health Provider ( <i>public or private</i> )      | <input type="checkbox"/> Out of State VR State Agencies                                      |
| <input type="checkbox"/> Public Housing Authority ( <i>AHFC, CIHA, HUD</i> )      | <input type="checkbox"/> Other WIOA-funded Programs ( <i>MASST, WIOA Youth</i> )             |

**Part II Income and Household Information**

# in Household	# of Dependents	Household Income( Monthly): <i>(Includes earning &amp; personal income for all family members over 18 years old who live in household)</i>
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**What is your primary source of support? (Select only one)**

- |  |  |
|--|--|
| <input type="checkbox"/> Personal Income ( <i>Earnings, interest, dividends, rents, retirement, Social Security retirement, alimony, child support</i> ) | <input type="checkbox"/> Public Support ( <i>SSI, SSDI, TANF/ATAP, Workers' Comp Unemployment Insurance, Food Stamps, rent subsidies</i> ) |
| <input type="checkbox"/> Family and Friends  | <input type="checkbox"/> Other sources of support ( <i>Private disability, private charities</i> )   |

**Indicate your Social Security benefit status**

- |   |   |
|---|---|
| <b>SSDI</b>   | <b>SSI – Aged / Blind / Disabled</b>                            |
| <input type="checkbox"/> Applicant - Allowed Benefits           | <input type="checkbox"/> Applicant - Allowed Benefits           |
| <input type="checkbox"/> Applied – Denied Benefits              | <input type="checkbox"/> Applied - Denied Benefits              |
| <input type="checkbox"/> Applicant – Status Pending             | <input type="checkbox"/> Applicant - Status Pending             |
| <input type="checkbox"/> Benefits – Allowed Due to Survivorship | <input type="checkbox"/> Benefits – Allowed Due to Survivorship |
| <input type="checkbox"/> Benefits Discontinued or Terminated    | <input type="checkbox"/> Benefits Discontinued or Terminated    |
| <input type="checkbox"/> Unknown                                | <input type="checkbox"/> Unknown                                |
| <input type="checkbox"/> Not an Applicant                       | <input type="checkbox"/> Not an Applicant                       |

**Do you have a Ticket to Work?**       Yes       No       Don't know

**If you are receiving any of the following, please indicate the monthly amount you are receiving:**

Type of Support	Amount	Type of Support	Amount
SSI, Aged	\$ _____	ATAP/TANF	\$ _____
SSI, Blind	\$ _____	APA/General Assistance	\$ _____
SSI, Disabled	\$ _____	Workers' Compensation	\$ _____
SSDI, Disabled	\$ _____	Unemployment Insurance	\$ _____
SSDI, Other	\$ _____	Other (Tribal)	\$ _____
Veterans	\$ _____		

**Check any of the following health insurance or coverage you have available: (Mark all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Medicare   | <input type="checkbox"/> Private insurance through own employer         |
| <input type="checkbox"/> Medicaid/Denali Kid Care   | <input type="checkbox"/> Private insurance through spouse or family     |
| <input type="checkbox"/> Public insurance from other sources<br>(Indian Health Services & VA) | <input type="checkbox"/> Private insurance through own employer pending |
| <input type="checkbox"/> State or Federal Affordable Care Act Exchange                        | <input type="checkbox"/> None   |

### Part III Employment Information

What was the last date you worked? \_\_\_\_\_

Are you requesting services to maintain employment?  Yes  No

**Were you employed or not this past week? Check which box applies.**

- |   |   |
|---|---|
| <input type="checkbox"/> Competitive Integrated Employment                                  | <input type="checkbox"/> Employed-Transitioning Military Service Member |
| <input type="checkbox"/> Employed-Received Notice of termination                            | <input type="checkbox"/> Not Working – Student in Secondary Education   |
| <input type="checkbox"/> Self Employed (Except state sponsored Business Enterprise Program) | <input type="checkbox"/> Not Working – All Other Students               |
| <input type="checkbox"/> BEP (State sponsored Business Enterprise Program)                  | <input type="checkbox"/> Not Working – Trainee, Intern or Volunteer     |
| <input type="checkbox"/> Competitive Integrated Employment with supports                    | <input type="checkbox"/> Not Working                                    |

Hours worked per week: \_\_\_\_\_

Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

### Part IV Work History, Last 10 Years or Last job worked if more than 10 years ago

Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title (required) \_\_\_\_\_

Duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

## Part IV Work History (continued)

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

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Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

Employer \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Job Title (required) \_\_\_\_\_  
Duties \_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_ Hours worked per week: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Check One:  Hourly  Weekly  Monthly  Yearly

## Part V Contact Information

Whom can we contact if we are unable to reach you directly?

Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone \_\_\_\_\_ Check one:  Cell  Landline  VP Email \_\_\_\_\_

## Part VI Education Information

### High School Education

I did not complete high school. The last grade I completed was: \_\_\_\_\_ grade. Date completed: \_\_\_\_\_

I'm in high school now. Name of high school: \_\_\_\_\_

The last grade I completed was: \_\_\_\_\_ Date completed (MM/YYYY): \_\_\_\_\_

I have an IEP:

I have a 504:

I graduated from high school. Graduation Date (MM/YYYY): \_\_\_\_\_  With a high school diploma.

OR

I received a:  GED Date completed: \_\_\_\_\_

Certificate of Attendance Date completed: \_\_\_\_\_

## College Education

I have not taken any college credits.

I'm currently enrolled or I have taken some college courses but have not received a degree.

The last course I completed was: \_\_\_\_\_ Date completed: \_\_\_\_\_

I have a college degree.

I received:

Associate's Date completed: \_\_\_\_\_  Bachelor's Date completed: \_\_\_\_\_

Master's Date completed: \_\_\_\_\_  Doctorate Date completed: \_\_\_\_\_

## Vocational Training and Technical License or Certificates

Please list the names of any additional licenses or certificates you have received, and list if you have attended any job training programs. (Examples of licenses and certifications: Licensed Hairdresser, HVAC Tech, Vet Tech. Examples of job training programs: Job Corps, Apprenticeships, Vocational Schools, or Military)

Name of Program or School	Type of Credential	Date Completed
	<input type="checkbox"/> License (Name):	
	<input type="checkbox"/> Certification (Name):	
	<input type="checkbox"/> Other (Please describe):	
	<input type="checkbox"/> License (Name):	
	<input type="checkbox"/> Certification (Name):	
	<input type="checkbox"/> Other (Please describe):	
	<input type="checkbox"/> License (Name):	
	<input type="checkbox"/> Certification (Name):	
	<input type="checkbox"/> Other (Please describe):	

## Part VII Other Agencies Involved With (Select as many as applicable)

Adult Employment & Training (CSTS)

Adult Education

Dislocated Worker

Job Corps

Veterans Benefits Administration (VR&E)

Job Center (Wagner-Peyser Employment Services)

Youth Services

Tribal Vocational Rehabilitation (AIVRS, CITC, APIA, ICAS)

## Part VIII Difficulties with Employment

The following conditions have kept me from working or caused me difficulty with maintaining employment:

1. I want help because I have the following disabilities that create barriers to employment:

\_\_\_\_\_

2. I have records from the following places that explain my disabilities: \_\_\_\_\_

\_\_\_\_\_

**3. Related to my disability, I have difficulty with:** *(Please explain)*

- Standing \_\_\_\_\_
- Sitting \_\_\_\_\_
- Lifting \_\_\_\_\_
- Bending \_\_\_\_\_
- Typing \_\_\_\_\_
- Communicating \_\_\_\_\_
- Seeing \_\_\_\_\_
- Hearing \_\_\_\_\_
- Reading \_\_\_\_\_
- Writing \_\_\_\_\_
- Understanding \_\_\_\_\_
- Controlling Emotions \_\_\_\_\_
- Concentrating \_\_\_\_\_
- Handling Stress \_\_\_\_\_
- Making Decisions \_\_\_\_\_
- Remembering \_\_\_\_\_
- Controlling Fear \_\_\_\_\_
- Learning \_\_\_\_\_
- Getting Along with People \_\_\_\_\_
- Controlling Alcohol/Other Drugs \_\_\_\_\_
- Other \_\_\_\_\_

**4. Things that I have indicated above have made it hard for me to work in these ways:** \_\_\_\_\_

**5. To help with the difficulties mentioned in # 4, DVR could provide:** \_\_\_\_\_

**6. Are any of the above the result of a work-related injury?**

- Yes     No  
 Yes     No     Pending

If yes, date of accident \_\_\_\_\_ Employer \_\_\_\_\_  
Insurance adjustor \_\_\_\_\_ Phone \_\_\_\_\_

**7. Describe any type of treatment you are currently receiving:** \_\_\_\_\_

**8. Are you able to travel unassisted?**     Yes     No

9. Are you receiving personal care attendant services?  Yes  No If yes, # hours/day \_\_\_\_\_

Have you been primarily employed as a Migrant or Seasonal Farmworker (food processing) for 12 consecutive months during the past two years?  Yes  No

Does the distance to workplace as a seasonal farmworker allow you to return to home every day?  Yes  No

Are you a dependent of a Migrant or Seasonal Farmworker?  Yes  No

### Part IX Additional Barriers to Employment

- I have been unemployed for more than 27 consecutive weeks (more than 6 months).
- I am or was a foster child. (Only answer if you are 24 or younger)
- I have cultural barriers that could impact my employment.
- I am a single parent of a dependent child under the age of 18.
- I am homeless.
- I was providing unpaid services to family members.
- I have two years or less of TANF eligibility left.
- I have never had TANF or I have exhausted my TANF benefits.

### Part X Legal Information

Do you have a valid driver's license?  Yes  No State \_\_\_\_\_ DL# \_\_\_\_\_

Do you have your own transportation?  Yes  No

Can you provide registration and proof of insurance?  Yes  No

Have you ever been convicted of a crime?  Yes  No

If yes, please explain. (Include dates and locations) \_\_\_\_\_

- Convicted of Felony: Federal  Convicted of Felony: State
- Convicted of Misdemeanor  Convicted Sex Offender

Are you currently on probation or parole?  Yes  No

If yes, please provide the following:

Probation/Parole Officer's Name \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Are there restrictions on the type of work you can do because of a conviction, probation, parole or other legal issues, such as child support arrears, that we need to address in your return-to-work planning?  Yes  No

If yes please explain \_\_\_\_\_

If you have trouble submitting this form, please email [dol.dvr.info@alaska.gov](mailto:dol.dvr.info@alaska.gov)