RA-2910 (Rev 1.2009)

For MRS office use only:
Date Application received

Reset

MICHIGAN DEPT. OF ENERGY, LABOR & ECONOMIC GROWTH

MICHIGAN REHABILITATION SERVICES

APPLICATION FOR EMPLOYMENT SERVICES

Please Print

Resident status: ☐ US Citizen
☐ Non-US Citizen, type of Visa: _____
NOTE: A copy of the VISA is required.

I. PARTICIPANT DATA

Name *(Last, First, Middle Initial)*	Social Security Number	Date of Birth
Address *(No. & Street, Apt)*	City / County	Zip Code
Area Code & Phone No. ☐ Voice ☐ Fax ☐ TTY	E-Mail Address	
Race/Ethnicity	Hispanic Origin ☐ Yes ☐ No	Multi-Racial ☐ Yes ☐ No
Are you a Veteran? ☐ Yes ☐ No	Sex ☐ Male ☐ Female	
What is your marital status? ☐ Never Married ☐ Married ☐ Divorced ☐ Widowed ☐ Separated	Voter Registration ☐ Currently registered ☐ Not registered ☐ Would like to apply ☐ Would not like to apply	
Are you a previous MRS participant? ☐ Yes> ☐ No	When?	Which office?
Who referred you to MRS?		
Primary Disability	Cause	Limitations
Other Disability	Cause	Limitations
Are you currently under a physician's care for your disability? ☐ Yes ☐ No	Who is providing treatment?	
Address		
Are you currently covered by health insurance? ☐ No ☐ Medicare ☐ Medicaid ☐ Both ☐ Yes> Name of Insurance Coverage? _____		
Do you have a Michigan driver's license? ☐ Yes> ☐ No	Do you have a car, van or truck? ☐ Yes ☐ No > What is your means of transportation? _____	

What kind of job would you like and what services are you requesting from MRS?

II. SOURCES OF FINANCIAL ASSISTANCE *(Which you are receiving)*

Check those that apply and indicate amount

- ☐ SSI $ _____ Mo.
- ☐ SSDI $ _____ Mo.
- ☐ TANF (FIP) $ _____ Mo.
- ☐ State Disability Assist. $ _____ Mo.
- ☐ Food Stamps $ _____ Mo.
- ☐ Unemployment Compensation $ _____ Wk.
- ☐ Workers Compensation $ _____ Mo.
- ☐ V. A. Benefits $ _____ Mo.
- ☐ Other *(specify)* _____ $ _____

Other assistance applied for:

IIa. FOR SSI/SSDI "TICKET TO WORK" RECIPIENTS ONLY

Please provide a copy of your social security card, award notice letter from the Social Security Administration, and your IWP if working with another provider.

Type of benefit: *(Check both boxes if you receive both SSI and SSDI.)* ☐ SSI ☐ SSDI	Have you received a "Ticket to Work" from SSA? ☐ Yes ☐ No
Are you receiving cash benefits under someone else's SSN? ☐ Yes, Please give name and Social Security Number ☐ No	
Have you assigned your ticket to any other provider? ☐ No ☐ Yes, if yes, who?	

III. EDUCATION

High School Diploma? ☐ Yes ☐ No	School at Application	Have you earned a General Education Development Certificate (GED)?	☐ Yes ☐ No
Degree and certificates earned		Field of Study	
Other training or job skills			

IV. EMPLOYMENT DATA

Are you currently employed? ☐ Yes ☐ No	What types of jobs have you held in the last year?		How many jobs have you had in the past year?
1. Employer Name *(most recent)*	Address *(No. & Street)*		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			
2. Employer Name	Address *(No. & Street)*		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			
3. Employer Name	Address *(No. & Street)*		City
Dates of Employment	Wages	Reason for Leaving	
Job Duties			

V. PERSONAL CONTACTS

Name	Relationship	Telephone No. Voice
Address		TTY/Fax
		e-mail address
Name	Relationship	Telephone No. Voice
Address		TTY/Fax
		e-mail address

VI. MEMBERS OF YOUR HOUSEHOLD

Name	Relationship	Age	Name of Employer	Wage
1				
2				
3				

VII. PARTICIPANT SIGNATURE

Your signature below means you are applying for MRS services because you wish to be employed.

Participant's Signature *(Parent or guardian, if applicable)*	Date

VIII. MRS REPRESENTATIVE

The application has been reviewed, the participant has been provided an orientation to Agency services, and their rights and responsibilities have been discussed.

Signature *(MRS Representative)*	Date