

# APPLICATION FOR VOCATIONAL AND EMPLOYMENT SERVICES

Michigan Department of Labor and Economic Opportunity  
Michigan Rehabilitation Services

For MRS office use only Date Application received
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<b>Personal Information</b>		
Last Name:	First Name:	Middle Name:
Name you want to be called:	Former Last Name (if applicable):	Social Security Number:
Birth Date:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary or Another Gender <input type="checkbox"/> Prefer Not to Answer	
Mailing Address:		
City:	State:	Zip Code:
County:	Email Address:	
Primary Phone: (____) ____-____ <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Video Phone		
Secondary Phone: (____) ____-____ <input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Video Phone		
What is your race/ethnicity (check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Arab <input type="checkbox"/> Asian <input type="checkbox"/> Hmong <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Do you consider yourself to be multi-racial? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you a customer of MRS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Office?
Have you received Pre-Employment Transition Services (Pre-ETS) from MRS in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Office?
<b>Your Needs</b>		
What language do you use most of the time? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> American Sign Language <input type="checkbox"/> Other – Explain:		
What language do you use for printed documents? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Arabic <input type="checkbox"/> Other Explain:		
Do you need an interpreter, large print or other type of help to work with MRS? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:		
<b>Characteristics</b>		
Do you have a: <ul style="list-style-type: none"> <li>• Legal Guardian</li> <li>• Michigan Driver’s License</li> <li>• State of Michigan ID</li> <li>• Work Permit</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Copy of guardianship documents is required.</b>  Type of Permit:

Customer Name \_\_\_\_\_

<b>Characteristics (continued)</b>		
Marital status: <input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Are you a registered voter? <input type="checkbox"/> Yes <input type="checkbox"/> No      Would you like to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a citizen of the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, do you have a work Visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Please bring to your first appointment</b>
<b>Disability Information</b>		
What is your physical or mental disability? (Examples: Depression, anxiety, substance abuse, learning disability, ADD, ADHD, cerebral palsy, arthritis, etc.)	Primary or Main	Secondary or Other Disability
Does your disability affect your ability to:		
<input type="checkbox"/> Stand	<input type="checkbox"/> Walk	<input type="checkbox"/> Sit
<input type="checkbox"/> See	<input type="checkbox"/> Hear	<input type="checkbox"/> Read
<input type="checkbox"/> Concentrate	<input type="checkbox"/> Remember	<input type="checkbox"/> Learn
<input type="checkbox"/> Communicate	<input type="checkbox"/> Control Emotions	<input type="checkbox"/> Work with Others
<input type="checkbox"/> Other – Explain:		
<b>Basic Information</b>		
What is your current living arrangement?		
<input type="checkbox"/> Adult/Youth correctional facility	<input type="checkbox"/> Private residence (applicant only, with family or with another person)	
<input type="checkbox"/> Community residential/Group home	<input type="checkbox"/> Rehabilitation Facility	
<input type="checkbox"/> Halfway house	<input type="checkbox"/> Substance abuse treatment center	
<input type="checkbox"/> Homeless/shelter	<input type="checkbox"/> Other:	
<input type="checkbox"/> Mental health facility		
<input type="checkbox"/> Nursing home		
What is your current medical coverage? (Please check all that apply.)		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Affordable Care Act
<input type="checkbox"/> Private insurance through own employment	Provider:	
<input type="checkbox"/> Not yet eligible for private insurance through current employer		
<input type="checkbox"/> Private insurance from other means (Example: insurance is provided by a parent or a spouse.)	Name of Insurance Company:	
<input type="checkbox"/> Public Insurance from another source.	Name of Insurance Company:	
Are you currently enrolled in school?	If yes, what is your expected graduation date?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about MRS (referred by)?		
<b>Income</b>		
What is your primary source of income?		
<input type="checkbox"/> Personal income (employment earnings, interest dividends, rent, retirement including Social Security)		
<input type="checkbox"/> Public Support (SSI, SSDI, TANF, etc.) Explain:		
<input type="checkbox"/> Family and friends	<input type="checkbox"/> Private Relief Agency	<input type="checkbox"/> Public Institution – Tax Supported
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> All other sources (e.g., private disability insurance and private charities)		

Customer Name \_\_\_\_\_

<i>(Please check Yes or No and enter monthly amount, if applicable)</i>			
<b>Do you receive:</b>	<b>Yes (√)</b>	<b>No (√)</b>	<b>Monthly Amount</b>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	
Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	
Family Independence Program (FIP) also known as Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, will you run out of TANF within 2 years?	<input type="checkbox"/>	<input type="checkbox"/>	
State Disability Assistance (SDA) also known as General Assistance (GA) in some areas	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment Insurance Benefits	<input type="checkbox"/>	<input type="checkbox"/>	
Veterans Disability (VA)	<input type="checkbox"/>	<input type="checkbox"/>	
Workers' Compensation	<input type="checkbox"/>	<input type="checkbox"/>	
Other types of Public Assistance (Examples: government payments for retirement or survivor benefits, Aid for Dependent Children, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Other Disability Income: <input type="checkbox"/> Long Term Disability (LTD) <input type="checkbox"/> Auto No-Fault	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Cash Income – Food Assistance (also known as Bridge Card)	<input type="checkbox"/>	<input type="checkbox"/>	

I understand that:

- The purpose of receiving vocational rehabilitation services is to help me get or keep a job.
- I must be found eligible for the services that I require.
- The Social Security Administration may give MRS all information necessary to determine my eligibility and verify my identity.
- MRS may contact me during or after my case has been closed to provide an opportunity to share my experience about the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian, if applicable

\_\_\_\_\_  
Date

The application has been reviewed and their rights and responsibilities have been discussed.

\_\_\_\_\_  
Signature (MRS Counselor)

\_\_\_\_\_  
Date