

APPLICATION FOR VOCATIONAL AND EMPLOYMENT SERVICES

Michigan Department of Labor and Economic Opportunity
Michigan Rehabilitation Services

For MRS office use only Date Application received

Personal Information		
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"/> Do not wish to self-identify	
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?
Your Needs		
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:		
Characteristics		
Do you have a: • Legal Guardian • Michigan Driver's License • State of Michigan ID • Work Permit	<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	Copy of guardianship documents is required. Type of Permit:

Customer Name _____

Characteristics (continued)		
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	Please bring to your first appointment
Disability Information		
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:		
Basic Information		
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)?		
Income		
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>			
Do you receive:	Yes (√)	No (√)	Monthly Amount
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 have received a copy of the following brochures or the Six Steps to Vocational Rehabilitation Services, and the information contained within the brochures has been explained to me:

- “Your Rights and Responsibilities as a Customer of MRS”
- “How to Appeal Decisions Made by Michigan Rehabilitation Services”
- “How MRS Safeguards My Personal Information”
- “Client Assistance Program”

Applicant’s Initials: _____ Date: _____

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 will contact me after my case has been closed after 6 months and 12 months have elapsed to learn about my employment status and educational achievements.

I am applying for vocational rehabilitation services and would like to take part in the process to see if I am eligible for services. I declare that the statements made on this application are true and correct.

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
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