

Arizona Department of Economic Security
Rehabilitation Services Administration

Vocational Rehabilitation (VR) Referral Form

You may fill out this form electronically and email it to azrsa@azdes.gov or print it and take it to the Vocational Rehabilitation office closest to you. To locate the office closest to you, call 1-800-563-1221 or visit the web at des.az.gov/rsa and click on Contact Information.

For general information about the Vocational Rehabilitation program or to get help completing this referral form, please call Toll-Free 1-800-563-1221. By submitting this form, I understand that my information will be entered into the RSA client system, and a representative of Vocational Rehabilitation will contact me.

Public Benefit Requirements

Vocational Rehabilitation (VR) is a state and federally funded program that provides public benefits. To qualify for any public benefit, you must be a U.S. citizen, a legal resident of the United States, or legally present in the United States. Please check the statement that applies to you:

U.S. citizen

Legal resident of the United States or lawfully present in the United States

See page 6 for EOE/ADA disclosures

All individuals interested in the VR program must provide their Social Security card and documentation to verify their identity and employment authorization to apply for the VR program.

Individuals who are not U.S. citizens are required to provide immigration documentation to confirm they meet the requirements for public benefits.

Individual Being Referred

Title: _____ Last Name: _____

First Name: _____ Middle Initial: _____

Mailing Address (*Number, Street*):

City: _____ State: _____ ZIP Code: _____

Residential Address (*Number, Street*):

City: _____ State: _____ ZIP Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Alternate Contact Number: _____

Email: _____

Video Phone Number: _____

VRS IP: _____

Date of Birth: _____ Gender: _____

Social Security Number: _____

**Parent of a Minor/Court-Appointed Legal
Guardian Information *(if applicable)***

If the individual being referred to Vocational Rehabilitation is a minor or has a court-appointed legal guardian, include the parent or guardian's information.

Title: _____ First Name: _____

Last Name: _____

Mailing Address *(if different from above)*:

City: _____ State: _____ ZIP Code: _____

Phone Number *(if different from above)*:

Race / Ethnicity <i>(select all that apply)</i>	Travel Information	What accommodation(s) do you need for your first appointment?
White	Alone	Interpreter Services
Black or African American	With a Sighted Guide	ASL
Asian	With a Cane	Transliteration
Hispanic or Latino	With a Dog Guide	CART
Native Hawaiian or Pacific Islander	At Night	Large Print documents
American Indian or Alaska Native If checked, Tribal Affiliation:	During the Day	Braille documents
	On Public Transportation	Transportation assistance
	With a Wheelchair	Other - please list:
	With Assistive Devices	
Decline to self-identify	Other:	

Primary Language

Primary Language or Dialect: _____

Other Languages or Modes of Communication:

Name of Referral Source

How did you hear about us? Self-Referred Other

Do you have a DDD case worker? Yes No

If yes, what is the name of your case worker?

Do you receive services from a Behavioral Health Clinic?

Yes No

Have you been determined eligible to receive Serious Mental Illness (SMI) services in the State of Arizona?

Yes No

If yes, what is the name of your case manager?

If yes, what is the name and address of your clinic?

What is Your Disability(ies)
(please check all that apply)

Mental Health Blind or Visually Impaired
Deaf or Hard of Hearing Developmental Delay
Cognitive Delay Other: *(please describe)*

Do you want to work? Yes No

If yes, please describe your job goal:

Are you a family member or close associate of an RSA
program employee? Yes No

Optional - Please disclose the name of the family member
or close associate:

Date Submitted: _____

Equal Opportunity Employer / Program • Auxiliary aids
and services are available upon request to individuals
with disabilities • To request this document in alternative
format or for further information about this policy, contact
your local office; TTY/TDD Services: 7-1-1 • Disponible
en español en línea o en la oficina local