



**PLEASE PRINT**

*Name (Last)		*Name (First)		M.I.	Suffix (e.g. Jr.)	*Social Security Number	
*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		*Birth Date (mm/dd/yyyy)		*County of Residence			
*Home Address (Street)				*City		*State	*Zip Code
*Home Phone No. (10-digit).		*Alternate Phone No. (10-digit).		E-mail Address			
*What is your disability?							
*Race/ethnicity: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African-American		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," please list your immigration status:		
*Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No		*What is your hourly wage?		*How many hours per week?			
*Are you currently enrolled in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		School Name:					
*Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No							
*Would you like to register to vote? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>**Note: Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency</b>							
<b>Contact person(s): If you complete this section, you are permitting OOD to disclose to the individual that you have applied for services.</b>							
Name		Address (Street, City, State, Zip)				Phone No. (10-digit)	
*Are you referring yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No *If No, who is referral source?							
<p>This application will be considered complete when it is initiated and dated by VR Staff or VR Contractor at the time of your appointment. The State of Ohio is committed to good privacy practices. As such, we are disclosing that in order to fully process your application, verify your eligibility and provide vocational rehabilitation services, the Opportunities for Ohioans with Disabilities (OOD) may need to access personal information about you, such as your Social Security Number, which is maintained by the OOD. By signing this application, you are requesting that OOD access any personal information necessary to process your application, determine eligibility and provide services. Please note that OOD will continue to protect any non-public, confidential personal information maintained about you from release to the public or unauthorized third parties.</p> <p>OOD does not discriminate against any applicant for services on the basis of race, color, religion, national origin/ancestry, disability, age (40 years or older), sexual orientation, gender or sex, veteran or military status, and/or genetic information or in any manner prohibited by law.</p> <p>I acknowledge that in applying for services, OOD may obtain or release confidential personal information about me as follows:</p> <ul style="list-style-type: none"> <li>to purchase services for me;</li> <li>in collaboration with OOD Contractors and Partners on my behalf;</li> <li>to report my progress to the agency who referred me to OOD;</li> <li>when required by law and to facilitate the administration of the Rehabilitation Act;</li> <li>verify my current and/or future educational status and/or credentials;</li> <li>to do research to improve the lives of people with disabilities;</li> <li>to the Social Security Administration (SSA) and/or Division of Disability Determination (DDD) when I am applying for or am a recipient of SSDI or SSI benefits; and</li> <li>to other state agencies, if applicable.</li> </ul>							
Signature of Individual (If under 18, parent or legal guardian must also sign below)						Date	
Signature of Parent or Legal Guardian						Date	
<p><b>OOD Use Only:</b> I have explained OOD services and procedures, the individual's rights and duties, confidentiality, the Client Assistance Program (CAP), and the right to register to vote. I have provided the individual the VR Program Overview and information about informed choice. I have also provided a copy of this application in the preferred mode of communication of this individual. I certify that this application is accurate. Initials _____ Date _____</p> <p>How was this form received? <input type="checkbox"/> Electronically <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other:</p>							

\*Required field in AWARE

Original – Counselor    Copy – Applicant