

**Enrollment For Vocational Rehabilitation Services**

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**Please complete this form to request vocational rehabilitation services. If you need assistance, a Department of Rehabilitation staff member would be happy to assist you.**

**\*Required Field****\*Last Name:****\*First Name:****Middle Name:****Other Name(s) Used:****Social Security Number:** XXX-XX-XXXX**\*Date of Birth:****Phone Number:****Email:****Gender:**

Male

Female

Decline to State

**\*Street Address:****Mailing Address (if different):****What is your race and ethnicity? (check all that may apply)**

- American Indian/Alaskan Native     Asian Indian     Black or African American  
 Cambodian     Chinese     Filipino     Guamanian or Chamorro     Hawaiian  
 Hispanic or Latino     Japanese     Korean     Laotian     Other Pacific Islander  
 Samoan     Vietnamese     White     Decline to State

**\*Where do you reside?**

- Private Residence     Adult Correctional Facility  
 Nursing Home     Community Residential Facility or Group Home  
 Halfway House     Homeless/Shelter  
 Rehabilitation Facility     Substance Abuse Treatment Center     Other

**\*What is your primary source of money or income?**

- Family and Friends     Personal Income  
 Public Support (SSI, SSDI, TANF, etc.)     All Other Sources

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**\*Who referred you to the Department of Rehabilitation? Some examples are Community Rehabilitation Programs, Community Partners/Schools, Family/Friends, Employers, Other State Agencies, and Self-referral.**

**\*What amount of money do you get each month from the following sources?**

SSI Aged	SSI Blind	SSI Disabled (SSI)
Veterans' Disability Benefits at Application		SSDI Disabled
Temporary Assistance for Needy Families (TANF)		
General Assistance (State or Local)		Workers' Compensation
Unemployment Insurance	Other Disability	Other

**\*What type of medical insurance do you have?**

Affordable Care Act Exchange (Obamacare)	Medicare Medicaid/Medi-Cal
Private Insurance Through Other Means	Medicare
Private Insurance Through Own Employer Soon	None
Private Insurance Through	Public Insurance from Other Sources
Own Employer	

**\*Are you a Veteran?** Yes No

**\*Did you graduate from High School? (Select from options below)**

Yes, Year?	No	GED or Equivalent, Year?	In High School
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**If you are in high school, please answer the following questions:**

**\*Do you have an Individualized Education Program (IEP)?** Yes No Not Sure

**\*Do you have a Section 504 Plan?** Yes No Not Sure

**\*Describe your disability or disabilities.**

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**\*Describe how your disability(ies) impact you in your daily activities, school, or current or future job.**

**\*Describe what type of assistance you might require, or how you would like the Department of Rehabilitation to help? Some examples are Job Exploration and Career Counseling, Training, Education, Job Search and Placement Assistance, and Assistive Technology.**

**Are you or will you be legally authorized to work in the United States?**                      Yes      No

By signing below, I am requesting vocational rehabilitation services to seek competitive integrated employment and confirm that the information provided above is accurate to the best of my knowledge.

<b>*Applicant's Signature</b> 	<b>Date Signed</b>
<b>*Parent/Guardian's Signature (required for minor)</b> 	<b>Date Signed</b>
<b>*Counselor's Signature</b> 	<b>Date Signed</b>

The California Information Practices Act of 1977 (Civ. Code § 1798.17) and the Federal Privacy Act (5 U.S.C. § 552a) require this notice be provided to individuals when collecting personal information. The information requested on this form is necessary for the limited purposes of determining eligibility for vocational rehabilitation services, identification of individuals, or meeting the Department of Rehabilitation's reporting requirements. (29.U.S.C § 705(2); 34 C.F.R. § 361.38; and Welf. & Inst. Code §§ 19005 and 19011). Please do not provide any personal information on this form that is not requested.

**YOUR RIGHTS AND REMEDIES**

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If questions or issues arise while you are an applicant or a consumer of the Department of Rehabilitation (DOR), talk with your Rehabilitation Counselor. You may also request an informal meeting with your Rehabilitation Counselor's Team Manager.

You have the right to request an administrative review with the District Administrator. You may also seek, as set forth below, an administrative review concurrently with a formal request for mediation and/or fair hearing. However, most problems can be resolved informally and more quickly at the district level. You may bring a family member, other representative, or advocate with you any time you meet with the DOR staff.

**CLIENT ASSISTANCE PROGRAM.** To seek an advocate or for information regarding vocational rehabilitation services or the appeal process, the Client Assistance Program (CAP) administered by Disability Rights California may be available to assist you. Information is available at [the Disability Rights California website \(http://www.disabilityrightsca.org\)](http://www.disabilityrightsca.org), by phone at 800-776-5746 or 800-719-5798 TTY/TDD (Telecommunication Device for the Deaf and Hard of Hearing), or at the [DOR website \(http://www.dor.ca.gov\)](http://www.dor.ca.gov).

**You have the right to take any of the following steps should issues arise:**

**REHABILITATION COUNSELOR.** Most misunderstandings and issues can be resolved by talking them over with your Rehabilitation Counselor. It is your responsibility to let your Rehabilitation Counselor know there is an issue.

**TEAM MANAGER.** If you believe that you and your Rehabilitation Counselor cannot resolve the issue, you may request an informal meeting with the Team Manager to discuss the issue.

**ADMINISTRATIVE REVIEW.** You may request an administrative review by the District Administrator within one year of the action or decision. An administrative review decision will be rendered within 15 calendar days of the date of your request, unless you agree to a later date. If you disagree with an administrative review decision, you may file a request for fair hearing within 30 calendar days of the receipt of the written decision of your administrative review.

**MEDIATION.** Mediation is another option for resolving disputes with the DOR. You may file a request for confidential mediation within one year of the DOR action or decision with which you disagree. A qualified, impartial mediator can help you find solutions that are satisfactory to you and the DOR. If the DOR agrees to mediate, the mediation will be held within 25 calendar days from receipt of the request, unless you agree to a later date. A written request for mediation and/or fair hearing may be filed concurrently.

**FAIR HEARING.** If you are dissatisfied with any action or decision of the DOR relating to your application or receipt of vocational rehabilitation services, you may file a request for a fair hearing within one year of the DOR action or decision or within 30 calendar days of the receipt of written decision of your administrative review (see above). A fair hearing will be held within 60 calendar days of the receipt of your written request, unless you agree to a later date. At the hearing, you may appear in person, and may be accompanied by a representative or advocate of your choice. It may be to your benefit to first work through the administrative

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review process or mediation (see above) before requesting a fair hearing. If you are not satisfied with the fair hearing decision, you may file a Writ of Mandate with the California Superior Court within six months of the decision.

To request a mediation and/or fair hearing, please obtain form DR 107 Request for Mediation and/or Fair Hearing from one of the following options: contact the DOR Mediation and Fair Hearing Office by phone at 916-558-5860 or by email at [DOR Appeals Info](mailto:appealsinfo@dor.ca.gov) ([appealsinfo@dor.ca.gov](mailto:appealsinfo@dor.ca.gov)); visit the [DOR website](http://www.dor.ca.gov) (<http://www.dor.ca.gov>); or contact a CAP advocate (see CAP contact information above).

**DISCRIMINATION.** If you believe that the DOR or its contractor or grantee has unlawfully discriminated against you because of one or more of the following protected categories, your race, color, religion, ancestry, physical or mental disability, national origin, medical condition, genetic information, sexual orientation, marital status, age, gender, gender identity, gender expression, military status, or veteran status or retaliation, you have the right to pursue the following options: 1) Make an oral or written request for an administrative review to the District Administrator, who oversees the office where your case is assigned. The request should include: your name, address, and phone number; the name and title of the person against whom the complaint is being made; a description of the alleged discrimination; the protected category; and the remedy being sought. 2) File a discrimination complaint directly with DOR's Office of Civil Rights (OCR). For more information or to obtain a discrimination complaint form contact the DOR's OCR directly by phone at 916-558-5850. 3) File a complaint with the U.S. Department of Education's Office for Civil Rights. For more information contact the U.S. Department of Education's Office for Civil Rights directly by telephone at 800-421-3481.

Requests for administrative review and complaints of discrimination must be made within 180 days of the date of alleged discrimination.