Montana Vocational Rehabilitation and Blind Services

Department of Public Health and Human Services

**APPLICATION FOR SERVICES**

**Social Security Number**:

**Last Name**: **First**: **MI**:

Other Name(s):

**Birth Date**: **Gender**:

**Phone Numbers:**

Home: Work:

Cell: Message:

**Mailing Address**:

Street:

City: State: Zip:

**Physical Address:**

Street:

City: State: Zip:

**Email Address**:

**Referral Source:** Code:

Who referred you?

**Other agencies or services you are involved with**

 Code:

**Education** (*Check the highest level obtained or diploma/degree received*): Code:

[ ]  No formal schooling (0) [ ]  Elementary, grades 1-8 (1) [ ]  High School (9-12)-No diploma (2)

[ ]  Special Education (3) [ ]  HS Diploma **or** [ ]  GED (4) [ ]  Post-secondary-No degree (5)

[ ]  Associates Degree (6) [ ]  Bachelors (7) [ ]  Masters (8)

[ ]  Degree above Master's (9) [ ]  Vocational or Technical Training (10)

[ ]  Occupational credential beyond undergraduate degree work (11)

[ ]  Occupational credential beyond graduate degree work (12)

**If you are currently in high school, check one:** (If not in high school, code is 1)Code:

[ ]  Student with a 504 accommodation plan (2)

[ ]  Student receiving services under an IEP (3)

[ ]  Student not covered by a 504 and not under an IEP (4)

**Veteran:** [ ]  Y [ ]  N Type of discharge Discharge Date Branch

**Race:** (*Check all that apply*): [ ]  White [ ]  Black or African American

 [ ]  American Indian or Alaska Native [ ]  Asian [ ]  Native Hawaiian or Pacific Islander

**Ethnicity:** [ ]  Hispanic or Latino (*Check if yes and also check at least one race.*)

**Living Arrangement:** Where do you live? (*Check One*): Code:

[ ]  Private Residence (1) [ ]  Community Residence/Group Home (2) [ ]  Rehab Facility (3)

[ ]  Mental Health Facility (4) [ ]  Nursing Home (5) [ ]  Adult Correctional Facility (6)

[ ]  Halfway House (7) [ ]  Substance Abuse Treatment Center (8) [ ]  Homeless/Shelter (9)

[ ]  Other (10)

**What is your Primary Disability?**

 Code:

Other Disabilities?

 Code:

**Employment Status** (*Check One*): Code:

[ ]  Employed (1) [ ]  Extended Employment (2) [ ]  Self-Employed (3) [ ]  BEP (4)

[ ]  Homemaker (5) [ ]  Unpaid Family Worker (6) [ ]  Employed with Supports (job coach) (7)

[ ]  High School Student (8) [ ]  All other Students (9) [ ]  Trainee, Intern or Volunteer (10)

[ ]  Not Employed (11)

If employed, gross earnings last week Hours worked last week?

**Do you have health insurance?** [ ]  Y [ ]  N (*If yes, check all that apply*):

[ ]  Medicaid [ ]  Medicare [ ]  Public Insurance, other (WC, state mental health, BIA)

[ ]  Private through own employment [ ]  Private Insurance through other means

[ ]  Not yet eligible for private insurance through employer, but will be eligible after a period of employment

Name of Insurance Company

**Primary Source of Support:** *(Check One & enter dollar amount if Public Support is checked)* Code:

[ ]  Personal Income (*employment earnings, interest, dividends, rent, retirement including social security*) (1)

[ ]  Family and Friends (2)

[ ]  Public Support Type and Amount (3) SSDI $ SSI $ TANF $

VET DIS $ WORKERS’ COMP $ OTHER PUB SUP $

[ ]  All other sources (*private disability insurance and private charities)* (4)

I receive SNAP (food stamps) of $

Describe how your disability affects your ability to get or keep a job:

List Medical/Psychological treatment you have received:

Date Doctor & Address Type of Treatment Received

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List medications you take:

Have you received inpatient treatment for mental illness or addiction? [ ]  Y [ ]  N

Where & When?

Have you been convicted of a misdemeanor or felony? [ ]  Y [ ]  N

Explain:

Have you previously worked with our agency? If so, when

Employment History (Beginning with the most recent job):

 Dates Job Title Employer & Location Wages Hrs Reason for Leaving

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Educational Background: (*List the schools or training you have attended*)

Dates School Type of Training Cer­tificate/Diploma

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Members of your household: List by Name, Age and Relationship

Name Age Relationship Phone

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I release you to contact the following people while I am working with MVRB Services for the purpose of contacting or locating me.

Name Address Relationship Phone

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| --- | --- | --- | --- |
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Comments:

**Montana Vocational Rehabilitation and Blind Services**

**Department of Public Health and Human Services**

**Application - Public Disclosure**

**Mission Statement**

*"Promoting work and independence for Montanans with disabilities"*

This document tells you some of the things you should know about Montana Vocational Rehabilitation and Blind Services (MVRB Services). Your counselor can answer questions about this information. Interpreters, translators, special materials, equipment, and other modes of communication are available to ensure your understanding.

**Information about your MVRB Services Counselor**

You are working with a Qualified Rehabilitation Counselor or a counselor that is supervised by a Qualified Rehabilitation Counselor. Your counselor is an employee of MVRB Services.

If your counselor becomes unavailable for any extended period of time or changes jobs, you will be assigned to work with another MVRB Services counselor. The local office supervisor will make this arrangement and will also make sure you are contacted with necessary information so that your participation in the program continues without interruption.

**The Service Relationship**

MVRB Services helps eligible individuals with disabilities prepare for, secure, retain, and regain suitable employment. To be eligible to receive program services, you must have a documented disability resulting in a substantial impediment to employment and you must have need for vocational rehabilitation services in order to achieve employment. If you are determined eligible, you will work on identifying a specific vocational goal and, in conjunction with your MVRB Services counselor, write an Individualized Plan for Employment (IPE) for reaching that goal. The length of your eligibility period will depend on the nature and scope of the services outlined in the plan.

By applying for services, MVRB Services assumes you intend to work. If your ability to work is in doubt, MVRB Services will provide you with an opportunity and assistance to demonstrate your capacity to work through trial work experiences or extended evaluation before you can be determined ineligible for this reason.

**Confidentiality**

Medical and other personal information must be obtained by your MVRB Services counselor to determine eligibility. All information obtained is collected under authority of the Rehabilitation Act of 1973, as amended. Without this information, we may be unable to establish your eligibility, and your case may be closed. Information will be held confidential and will be used only for your rehabilitation by MVRB Services, its agents, other MVRB Services' service providers directly involved in your program, and potential employers. We are required to release personal information if it is in response to investigations in connection with law enforcement, fraud, or abuse and in response to judicial order. We require your written permission to release your confidential information to programs, agencies and individuals not directly related in administering the MVRB Services program. You have the right to examine most information in your case file when you request this in writing. You may request to receive information in a format easily understood by you.

**Client Rights**

You are entitled to an assessment to determine your eligibility for services and order of selection priority classification if necessary. You have the right to make informed choices about your MVRB Services and service providers throughout your involvement with our agency. Your counselor can help you make choices, if needed.

If determined eligible for vocational rehabilitation services, you have these additional rights:

* To choose the employment outcome you want as long as it is consistent with your strengths and limitations, resources, priorities, concerns, abilities, and capabilities.
* To decide who will help you prepare your Individualized Plan for Employment.
* To review your Individualized Plan for Employment and to request changes in your planned employment outcome, VR services and providers, and/or methods to provide VR services.
* After MVRB Services are completed and you are suitably employed, Post Employment Services are available to help you maintain this employment or regain suitable employment if necessary.

You can expect to be treated by MVRB Services staff and other persons involved in providing vocational rehabilitation services to you with respect and courtesy. MVRB Services will do everything possible to ensure a positive environment. You have the right to involve other individuals in the process, to advocate on your behalf and to assist you in negotiations or appeals.

**Responsibilities**

Throughout your involvement with MVRB Services, it is your responsibility:

* To cooperate in the collection of diagnostic information necessary to determine your eligibility for the program and to develop your Individualized Plan for Employment.
* To treat MVRB Services staff and other persons involved in the provision of services to you with respect and courtesy.
* To carry out all of the responsibilities described in your Assessment/Extended Evaluation Plan or your Individualized Plan for Employment.
* To cooperate with MVRB Services in locating and applying for additional sources of funding which may be available to help pay for your VR services.

An important part of the rehabilitation process is to be actively looking for work in the occupation identified on your IPE or any amendments. Please notify your MVRB Services counselor as soon as you obtain employment.

We assume that you will maintain regular contact with your counselor and involvement in your plan. If you do not stay in touch, your counselor will attempt to contact you through any available means. Without active participation your case may be closed.

**SAFETY**

It is the policy of the state to provide a service environment which is free from intimidation, threats or violent acts. Your counselor is required to report any act of violence, threat of violence or intimidation regardless of who initiates the incident.

**Your signature, or that of your parent or other authorized representative (when appropriate), certifies the following:**

* You understand the terms of this application and wish to apply for MVRB Services.
* You understand your rights and responsibilities and those of MVRB Services as you work together to obtain employment.
* You understand that all services you receive from MVRB Services must be authorized in writing by MVRB Services prior to the purchase of that service.
* You have received a copy of this document including your Appeal Rights Form, which describes your rights to appeal and provides the names and addresses of individuals with whom reviews and appeals must be filed.
* You understand that to falsify the application or to provide false information may result in discontinued services or having your MVRB Services case closed.
* You understand that you and your counselor must jointly approve the Individualized Plan of Employment.
* You agree to allow MVRB Services to contact your employer to support and verify employment.

**In addition, I authorize use of e-mail and/or other electronic devices by MVRB Services for exchange of information with me. While MVRB Services makes every effort to protect consumer confidentiality, there are potential risks associated with electronic communications.**

Signature of Applicant Date

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Signature of Counselor Date

Signature of Applicant’s Parent/Authorized Representative Date

#### **YOUR APPEAL RIGHTS**

Decisions made by Montana Vocational Rehabilitation and Blind Services (MVRB Services) may be appealed.

You may request “Conciliation” (a review of the decision and discussion with a Supervisor or a Counselor). For this, please contact your Counselor or *(Name of Regional Administrator)*, Regional Administrator for MVRB Services, at *(Regional Office Address, City, State, Zip),* (*Regional Office Phone Number*) (Voice or TTY) or Toll Free *(Regional Office Toll Free Number)*.

If you are dissatisfied with a decision made by MVRB Services, you may appeal that decision in writing to: The Department of Public Health and Human Services (DPHHS) Hearing Officer, PO Box 202953, Helena, Montana 59620, or telephone, (406) 444-2470 (Voice/TTY) within 45-days of the date you are notified of the decision. After appealing the decision, you may also request mediation services provided by an independent, impartial mediator. A mediation request may be made either to the Hearings Officer or call *(Name of RA)*, Regional Administrator for MVRB Services, at *(Regional Office Address, City, State, Zip),* (*Regional Office Phone Number*) (Voice or TTY) or Toll Free *(Regional Office Toll Free Number)*.

You are also reminded that the Client Assistance Program (CAP) at Disability Rights Montana is available to provide you with information and possible advocacy. CAP is located at 1022 Chestnut Street, Helena, Montana 59601, Telephone Number (406) 449-2344 (Voice/TTY), and Fax Number (406) 449-2418 in the Helena area; or 1-800-245-4743 (Voice/TTY) toll free, or email at advocate@disabilityrightsmt.org.

When applying for or receiving MVRB Services, you are protected against discrimination due to race, creed, color, type of disability, national origin, sex, age, or duration of residence in Montana. If you believe that you are experiencing discrimination you may contact the Department’s ADA coordinator at the Department of Public Health and Human Services, 111 Sanders, Helena, MT 59601; phone (406) 444-4211.

You may also register a complaint with The Human Rights Bureau, Department of Labor and Industry, 1625 11th Avenue, PO Box 1728, Helena, Montana 59624-1728; phone (406) 444-2884. If you should experience harassment, whether verbal or physical, in the application for or the receipt of vocational rehabilitation services, you may contact the MVRB Services Regional Administrator for assistance and to lodge a complaint if desired.