

Iowa Vocational Rehabilitation Services

PRELIMINARY INTAKE

Job Candidate: _____

A. Personal Information:

Marital Status: Please check at least one.

- Married, including common law, Widowed, Divorced, Separated, Never Married

Living Arrangements:

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

B. Involvement with Other Agencies at Application:

Please check all agencies from which you currently receive services and/or financial assistance.

Table with 3 columns: Services, Financial Assistance, Agency/Contact. Lists various agencies like American Indian VR Service Program, Centers for Independent Living, etc.

C. Disability Information:

What is your disability, condition or diagnosis? _____

How does your disability affect your ability to work or find work? _____

D. Monthly Support and Benefits at Application:

What is your primary source of support?

- Employment Earnings
- Personal Income (interest, dividends, rent, retirement including SSA retirement)
- Family/Friends
- Public Support (SSI, SSDI, TANF, etc)
- All Other Sources

If you are receiving public support, please enter whole dollar amounts next to the benefit you receive:

- SSDI \$ _____ Date SSDI Began _____
- SSI \$ _____ Date SSI Began _____
- TANF \$ _____ Date TANF Began _____
- Other Public Support(specify) _____ \$ _____
- General Assistance \$ _____
- Veteran's Disability \$ _____
- Worker's Compensation \$ _____

If you are not receiving Social Security disability benefits at this time but have applied, what is the status of your application?

- Pending
- Approved, but benefits haven't started yet
- Denied
- In appeal process

E. Health Insurance Benefits at Application:

What source of health insurance do you use? (check all that apply)

- Current Job
- Medicaid
- Medicare
- Private (Health Insurance Company) _____
- Public Insurance from Other sources (workers' compensation, children's health insurance company, etc.)
- No Health Insurance

If your current employer offers health insurance but you are not eligible at this time, will you be eligible to receive this benefit at some point in the future? No Yes If Yes, date you will be eligible. _____

F. Reported Legal History:

Have you ever been convicted of a crime that may result in you not being able to do a job due to your legal history? No Yes If yes, explain: _____

G. Education Information at Application:

What is the highest grade and/or degree you have completed?

- No formal schooling
- Elementary Education (grades 1-8)
- Secondary Education (grades 9-12), No Diploma. If still attending, current grade level. _____
- Special Education, Certificate of Completion/Diploma or In Attendance.
If still attending, current grade level. _____
- High School Graduate or Equivalency (GED)
- Post-secondary Education, No Degree or Certificate
- Vocational/Technical Certificate or Degree
- Associate's Degree
- Bachelor's Degree
- Occupational Credential Beyond Undergraduate Degree Work
- Master's Degree
- Occupational Credential Beyond Graduate Degree Work
- Degree Above Master's Level (PhD, EdD, JD)

Did you or are you currently receiving special education services while in high school under an IEP?

No Yes Currently Receiving

If Yes, when (month/year) did you begin special education services? _____

Did you or are you currently receiving services in high school under a 504 plan?

No Yes Currently Receiving

While in high school are you, or did you participate, in a work experience program? No Yes

Are you planning on pursuing further training? No Yes If yes, please describe the program and or school: _____

If you have plans to pursue an education beyond high school:

Have you completed the Free Application for Federal Student Aid (FAFSA)? No Yes

Have you applied for student financial aid? No Yes

Are you in default of a federal student loan? No Yes

Are there any personal problems or circumstances that might interfere with you working while attending school? No Yes If yes, please explain: _____

Education History:

Name and Location of High School: _____

Month and Year Graduated or Will Graduate: _____

Last College or Vocational Training School Attended: _____

School Location: _____ Completed Program? No Yes

If you did not complete the program please explain why: _____

Major or Program: _____ Degree/Certificate: _____

Dates Attended: from _____ to _____ GPA: _____

Other College or Vocational Training School Attended: _____

School Location: _____ Completed Program? No Yes

If you did not complete the program please explain why: _____

Major or Program: _____ Degree/Certificate: _____

Dates Attended: from _____ to _____ GPA: _____

H. Transportation:

Do you have a valid driver's license? No Yes

If no, do you plan to get a driver's license? No Yes

I. Military Service:

Have you served in the military? No Yes Currently Serving

If yes, Honorable Discharge Dishonorable Discharge Please explain: _____

Do you have a service-related disability? No Yes

J. Employment History:

See Application Form for current employment.

IVRS Use Only:	
<input type="checkbox"/> Employed without Supports in Integrated Setting	<input type="checkbox"/> Employment with Supported in Integrated Setting
<input type="checkbox"/> Extended Employment	<input type="checkbox"/> Not Employed: Student in Secondary Education
<input type="checkbox"/> Self-Employment (except BEP)	<input type="checkbox"/> Not Employed: All Other Students
<input type="checkbox"/> State Agency-managed BEP (Randolph-Sheppard ISE/IDB Only)	<input type="checkbox"/> Not Employed: Trainee, Intern or Volunteer
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Not Employed: Other
<input type="checkbox"/> Unpaid Family Worker	

Previous Employment:

Employer: _____ Job Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date Began: (Month/Year) _____ Date Ended: (Month/Year) _____
 Direct Supervisor: _____ Phone: _____
 Specific Duties: _____
 Reason for Leaving: Change Jobs Further Education Relocated Company went out of business
 Laid Off Fired Explain: _____
 Other Explain: _____
 Will this employer provide a good reference for you? Yes No If no, what do you think the employer will say? _____

Employer: _____ Job Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date Began: (Month/Year) _____ Date Ended: (Month/Year) _____
 Direct Supervisor: _____ Phone: _____
 Specific Duties: _____
 Reason for Leaving: Change Jobs Further Education Relocated Company went out of business
 Laid Off Fired Explain: _____
 Other Explain: _____
 Will this employer provide a good reference for you? Yes No If no, what do you think the employer will say? _____

Employer: _____ Job Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date Began: (Month/Year) _____ Date Ended: (Month/Year) _____
 Direct Supervisor: _____ Phone: _____
 Specific Duties: _____
 Reason for Leaving: Change Jobs Further Education Relocated Company went out of business
 Laid Off Fired Explain: _____
 Other Explain: _____
 Will this employer provide a good reference for you? Yes No If no, what do you think the employer will say? _____