

VOCATIONAL REHABILITATION (VR) SERVICES APPLICATION

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Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to properly identify the individual to ensure that the Department provides services to the correct individual. Failure to provide the information requested may result in delays in services. Department authority: Welfare & Institutions Code Sec. 19005, 19005.1, 19010.

| | | | |
|-------------------------------------------|---------------------------------------|---------------|----------------|
| Last Name | Other Name(s) Used | First Name | Middle Initial |
| Street Address | City | Zip Code | County |
| Mailing Address (If Different from above) | | | |
| Phone Number | Social Security Number XXX-XX-XXXX | Date of Birth | Age |
| Cell Phone Number | Email Address | | |

Please describe your physical or mental impairment that constitutes or results in substantial impediment to employment

How can we help you?

Who referred you?

| | |
|---------------------------------------------------------------------------|--------------|
| Full name of person not in your home who will always know where you live: | Relationship |
| Street Address | City |
| | Phone Number |

RELEASE OF INFORMATION TO PROSPECTIVE EMPLOYERS:

I hereby authorize the Department of Rehabilitation to release information (except medical and psychological) to prospective employers for the purpose of assisting me in job placement. I understand that only information necessary to assist me in job placement will be released. This consent applies until such time as my case is closed or I specifically withdraw my consent.

 Yes

 No
ORIENTATION MATERIALS:

I have received and read my "Consumer Information Handbook and have discussed with my Counselor the following concepts: Civil Rights, Eligibility Requirements, Informed Choice, Employment Outcome & Professional Development, Scope of Services, Confidentiality, Appeals Procedures, and the Client Assistance Program (CAP).

Initials: _____ (Counselor) _____ (Consumer)

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The Immigration Reform and Control Act of 1986 states employees should only hire American citizens and aliens who are authorized to work in the United States. To verify your employment eligibility, please check a box below. This does not replace requirements of employers as specified under the Immigration Reform and Control Act of 1986.

- I am:** 1. A citizen or national of the United States
2. An alien lawfully admitted for permanent residence (Alien Number A _____).
3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).
4. None of the above.

SEE ATTACHMENT FOR YOUR APPEAL RIGHTS INFORMATION AND HOW TO CONTACT YOUR CAP ADVOCATE.

| | | | |
|-----------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| | | | |
| Applicant's Signature  | Date Signed | Parent/Guardian's Signature (required for minor)  | |
| TO BE COMPLETED BY COUNSELOR | | | |
| Counselor's Signature  | Date Signed | Counselor's Name (Printed) | Counselor's Phone |

Distribution: Case Folder Applicant

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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>), 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>).

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 calendars

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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 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); 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.