The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job.

Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the [VR Website](http://www.RehabWorks.org) and click on “Contact Us.” Then select “Directory of Local VR Offices and Vendors;” or call toll free (800)-451-4327.

**Date of Referral**

| **Name of Individual (Please Print)**       | **Date of Birth**      | **Social Security Number**      |
| --- | --- | --- |
| **Address (Home)**      | **City**      | **State**    | **Zip**      |
| **Address (Mailing)**      | **City**      | **State**    | **Zip**      |
| **Telephone Number**       | [ ]  Home | [ ]  Cell | **Additional Contact Name**      |
| **Additional Contact Phone Number**      | **Additional Contact Email**      |
| **What is the best method of contact? (Select one)**  |
| [ ]  Email | [ ]  Mail | [ ]  Phone | [ ]  Other (specify)       |
| **Can VR leave a message at the number listed above?**  | [ ]  Yes | [ ]  No |
| **Gender**  | [ ]  Male | [ ]  Female | [ ]  Does not wish to disclose or self-identify |
| **Email Address**       | **Have you ever received services from VR?** [ ]  Yes [ ]  No |
| **Education Level**       |
| **Marital Status** | [ ]  Divorced | [ ]  Married | [ ]  Never Married | [ ]  Separated | [ ]  Widowed |
| **Ethnicity**  |
| [ ]  Hispanic or Latino | [ ]  Not Hispanic or Latino | [ ]  Does not wish to disclose or self-identify |
| **Race (Check all that apply)** |
| [ ]  American Indian/Alaska Native  | [ ]  Asian  | [ ]  Black or African American |
| [ ]  Native Hawaiian or Other Pacific Islander  | [ ]  White | [ ]  Does not wish to disclose or self-identify |
| **Accommodations** |
| Do you require an Interpreter? | [ ]  Yes, ASL  | [ ]  Yes other, specify language:       |
| Do you require translated documents  | [ ]  Yes |
| Do you require an assistive listening device?  | [ ]  Yes |
| Do you require any other accommodations for your impairment?  | [ ]  Yes If so, please explain:       |
| **What impairment prevents you from working?**       |
| **How can VR help you become employed?**            |
| **How did you hear about us?** Magnify fo Central Florida/Bishop Grady Villas  |
| **Agency/Vendor/School:**        | **Contact Person:**       | **Phone #:**       |

| **For Office Use Only** | Received Date :        | [ ]  Phone  | [ ]  Mail | [ ]  In Person  | [ ]  Fax |
| --- | --- | --- | --- | --- | --- |
|  | Contact Date:        | Contacted by:       | [ ]  Phone | [ ]  Letter | [ ]  In Person  |
|  | Orientation Scheduled: | Date:       | [ ]  Group | [ ]  Individual | [ ]  Video |
|  | Additional Notes:       |
|  | **Outcome of Referral** | [ ]  Completed Application | [ ]  Decided not to apply | [ ]  Missed Orientation |
|  |  | [ ]  Completed Orientation | [ ]  Other       |

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2021 Federal fiscal year, the total amount of grant funds awarded were $176,836,896. The remaining 21.3 percent of the costs ($47,860,557) were funded by Florida State Appropriations. Revised October 2021.

local street address line 1 • city, state, zip • phone • Fax: fax number