Application

07/2026

Please print

Legal Name: _____
First Middle Last Maiden Name

Preferred Name: _____ Address: _____
Street Address, PO Box City State Zip Code

County: _____ **Phone:** _____ **Email:** _____

Preferred Method of Contact: ☐ Text ☐ Email ☐ Phone Call **Primary Language:** _____

Mailing Address (if different than above): _____
Street Address, PO Box City State Zip Code

Social Security Number: _____ **Date of Birth:** _____

Parent or Authorized Representative (if applicable): _____ ☐ **Check if Legal Guardian**

Sex: ☐ Male ☐ Female ☐ Unknown **Hispanic or Latino**: ☐ Yes ☐ No

Race (pick one or more): ☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Asian ☐ Pacific Islander or Native Hawaiian ☐ Refused

Lawful Presence: ☐ U.S. Citizen ☐ Non U.S. Citizen (qualified under the Federal Immigration and Nationality Act)

Alien Number (if available): _____

Marital Status: ☐ Single ☐ Divorced ☐ Married ☐ Widowed ☐ Separated

Living Situation:

☐ Adult Correctional Facility
☐ Community Residential/Group Home
☐ Halfway House
☐ Homeless/Shelter
☐ Mental Health Facility
☐ Nursing Home
☐ Other
☐ Private Residence
☐ Rehab Facility
☐ Substance Abuse Treatment Center

Health or medical condition, injury, physical impairment or mental impairment that limits your ability to work or advance in employment:

What kind of job do you want to do? (Be specific)

What help do you need to go to work in this job?

Medical/Health Insurance:

☐ Affordable Health Care Act
☐ Medicaid
☐ Medicare
☐ None
☐ Not yet eligible for private insurance through current employer but will be
☐ Private insurance through other means (Parent's/Family's insurance)
☐ Private insurance through own employer
☐ Public insurance from other source (Worker's Comp, Children's Health Insurance Program, etc.)

Are you a veteran? ☐ Yes ☐ No

Primary Source of Financial Support: ☐ Personal income (wages/salary) ☐ Public support ☐ Family or friends ☐ All other sources

Check the box of any cash benefits you receive and enter the amount received per month:

☐ None
☐ Social Security Disability Benefits (SSDI) _____
☐ Supplemental Security Income (SSI) _____
☐ General Assistance _____
☐ TANF _____
☐ Unemployment _____
☐ Veterans Disability Benefits _____
☐ Workers Compensation _____
☐ All other public support _____

In your lifetime (including childhood) have you injured your head, face or neck, or experienced repeated impacts to your head (e.g. shaking, moving vehicle accident, fall, fight, gunshot, explosion, contact sports or military service, etc.) OR have you experienced an illness affecting your brain (e.g. cancer, stroke, meningitis, West Nile, seizures, tumor, drowning, poisoning, etc.)? ☐ Yes ☐ No ☐ Not sure

If you are a high school student, do you have either a: ☐ 504 Plan or ☐ IEP (Individualized Education Program)

If you are not registered to vote where you live now, would you like to register here today? ☐ Yes ☐ No

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. If you would like help in filling out the Nebraska Voter Registration Application, we will help you. The decision whether to seek or accept help is yours. You may fill out the Nebraska Voter Registration Application form in private. If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy to register or applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with, the Nebraska Secretary of State at 402-471-2555 or toll-free at 888-727-0007; PO Box 94608 Lincoln NE 68509; via their website: https://sos.nebraska.gov/ or email SOS.ELECT@nebraska.gov. **Applying or declining to register to vote will not affect the amount of assistance you will be provided by Nebraska VR.**

I hereby attest my responses and the information provided on this form for services are true, complete, and accurate. I understand the next section of this form and that as an applicant for services, I will only receive services needed to find out if Nebraska VR can help me get ready for, get, keep, advance, or regain a job. My signature shows I intend to get and keep a job with an employer in the open labor market, or to work for myself in a job that is in line with my strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choices.

Your application is not active until Nebraska VR receives it.

X_____
Applicant Signature Date

X_____
Authorized Representative Signature Date

X_____
Nebraska VR Representative Date

Date Received in VR Office: _____

Time: _____ ☐ AM ☐ PM

Understanding Your Rights as an Applicant

What are my rights? You have the right to have your application handled fairly and promptly. Determination of eligibility for VR services needs to be completed within 60 days of Nebraska VR receiving your application. Any extension of this timeframe requires your consultation and agreement.

Informed choice. You have the right to take part in meaningful decisions about the services you receive throughout the VR process. If you require assistance in exercising informed choice, support will be provided.

Inclusion. You have a right to receive services in an integrated setting.

Access to your records. If you or your appointed representative make a written request, Nebraska VR will let you look at and copy information in your service record, except for information which another agency, organization, person, or Federal regulations say we cannot release to you. If you think any information in your record is inaccurate or misleading, you can ask us to change it. If we do not change it, we will put that information in your record.

Access to Client Assistance Program. You can get in touch with the Client Assistance Program if you need information or help to—

- understand vocational rehabilitation services
- get advice about services or benefits that may be available to you
- get advice about your rights and responsibilities
- deal with problems with a program that is providing you with vocational rehabilitation services
- asking for mediation or a review of a VR decision

Call (800) 742-7594 (toll free)
(402) 471-0801 (Lincoln)
Write to Box 94987
Lincoln, Nebraska 68509

Right to mediation. If you want mediation of any decision about your VR eligibility or your priority group, you may contact the Regional Mediation Center serving your county. You can ask Nebraska VR or the Client Assistance Program for a list.

Both you and Nebraska VR must volunteer to take part in mediation. A qualified and impartial mediator who is trained in effective mediation techniques will do the mediation.

Review of eligibility and priority group decisions. If you want a review of a decision about your eligibility or priority group, you may file a petition for an impartial review. An impartial hearing officer using the Nebraska Department of Education's Rule 71 (Title 92 Nebraska Administrative Code, Chapter 71) will do this review. You can ask VR or the Client Assistance Program for a copy of this rule, or get a copy at https://vr.nebraska.gov. The copy will include a sample petition form. The website also includes information about VR policy and procedures.

Your petition must tell the factual reasons why you want the review and concisely tell the solution you want. You must submit your petition within 30 calendar days of the date you receive the written decision. Send your petition with a copy of the written decision you want reviewed to:

Impartial Hearing Coordinator
Nebraska VR
PO Box 94987
Lincoln NE 68509

You can ask the Client Assistance Program for help.

Develop your plan.

- Your IPE must be completed within 90 days from your date of eligibility, or a mutually agreed upon extension must be completed.
- You have the right to receive help from a qualified Nebraska VR Specialist.
- You have the right to complete your own IPE in whole or part or you can have help from a parent, family member, advocacy organization, advocate, qualified VR specialist not employed by Nebraska VR, or your authorized representative.
- Your IPE can be approved when there is agreement on the job goal and services required to obtain it. The IPE must be signed by you, your authorized representative (if applicable), and the required Nebraska VR staff.

Do I have to give personal information to VR? The Federal Rehabilitation Act and regulations require us to get information about you so we can—

- find out if we can help you,
- help you choose your job goal and plan your services,
- provide services to you,
- review your progress toward your job goal, and
- report to the Federal government.

Giving us personal information is voluntary. However, if you do not give us needed information, your services may be delayed, or your case may be closed.

Nebraska VR staff who are helping you, can look at your personal information.

Nebraska VR and others outside Nebraska VR who are helping you may share and exchange personal information if it is needed to decide your eligibility for services and benefits from other programs, verify your needs, and coordinate your services. VR follows Federal guidelines for this exchange.

What can I expect of Nebraska VR?

- Treat you with dignity and respect
- Respond to your needs in a timely manner
- Help you make informed choices
- Protect your privacy
- Notify you if VR cannot keep an appointment or will be late for it
- To provide you with a copy of all signed documents or decisions
- Help you understand or explain VR services and supports

What does Nebraska VR expect of me?

- Take an active part in planning your services and carrying out your plan
- Verify your income, assets, and disability expenses if asked
- Apply for and use services and benefits from other programs for which \ you may be eligible
- Follow the advice of doctors and health professional
- Notify Nebraska VR if you cannot keep an appointment or will be late for it
- Notify Nebraska VR right away if-
    - a health, personal, or family problem interferes with your activities;
    - your income, assets or disability expenses change; or
    - you run into a problem with your services or services providers
    - if you ever do not agree with a decision, please let your Employment Specialist or Officer Director know

It is the policy of the Nebraska Department of Education not to discriminate on the basis of gender, disability, race, color, religion, marital status, age, national origin or genetic information in its education programs, administration, policies, employment or other agency programs.