



Application

10/2023

Please print

First Name (Legal):		Middle Name (Legal):		Last Name (Legal):		Maiden Name:	
Preferred Name:		Street address:		City:		State:	ZIP:
County:		Primary Phone Number: _____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Parent <input type="checkbox"/> Message <input type="checkbox"/> Fax		Email:			
Mailing Address (if different than above):				City:		State:	ZIP:
Social Security number:		Date of birth:		Parent or Authorized Representative (if applicable): <input type="checkbox"/> Check if Legal Guardian			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Did not self-identify		Hispanic or Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (pick one or more): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Refused			
Lawful Presence: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen (qualified under the Federal Immigration and Nationality Act) Alien Number (if available):							
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Living Situation: <input type="checkbox"/> Adult Correctional Facility <input type="checkbox"/> Community Residential/Group Home <input type="checkbox"/> Halfway House		<input type="checkbox"/> Homeless/Shelter <input type="checkbox"/> Mental Health Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other		<input type="checkbox"/> Private Residence <input type="checkbox"/> Rehab Facility <input type="checkbox"/> 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: <input type="checkbox"/> Affordable Health Care Act <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> None		<input type="checkbox"/> Not yet eligible for private insurance through current employer but will be <input type="checkbox"/> Private insurance through other means (Parent's/Family's insurance) <input type="checkbox"/> Private insurance through own employer <input type="checkbox"/> Public insurance from other source (Worker's Comp, Children's Health Insurance Program, etc.)				Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Source of Financial Support: <input type="checkbox"/> Personal income (wages/salary) <input type="checkbox"/> Public support <input type="checkbox"/> Family or friends <input type="checkbox"/> All other sources		Check the box of any cash benefits you receive and enter the amount received per month: <input type="checkbox"/> None <input type="checkbox"/> Social Security Disability Benefits (SSDI) _____ <input type="checkbox"/> Supplemental Security Income (SSI) _____ <input type="checkbox"/> General Assistance _____ <input type="checkbox"/> TANF _____					
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.)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure				If you are a high school student, please check if you have either a: <input type="checkbox"/> 504 Plan or <input type="checkbox"/> IEP (Individualized Education Program)			
If you are not registered to vote where you live now, would you like to apply to register here today? <input type="checkbox"/> Yes <input type="checkbox"/> 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: 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	Date
X Nebraska VR Representative		Date received in VR office Time <input type="checkbox"/> AM <input type="checkbox"/> 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 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, 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 VR or the *Client Assistance Program* for a list.

Both you and 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: <http://vris.vr.ne.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 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.

VR staff who are helping you, can look at your personal information. VR and others outside 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 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 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 VR if you cannot keep an appointment or will be late for it
- Notify 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 VR counselor 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.