



Summary of Initial Meeting

04/2019

You felt VR could help you by:

You stated your disability was:

You stated your disability makes/will make it difficult for you to work because:

VR needs the following information to determine your eligibility:

Important things for us to consider:

Two Forms of ID Yes No

Who will always know your address and phone number:

Name:

Address:

Phone Number:

E-mail Address:

Next Appointment/Action:

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Client Name

VR Staff Name

Date Completed