

**VOCATIONAL REHABILITATION (VR) SERVICES APPLICATION**

DR222 (REGS/Rev. 01/23)

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California Department of Rehabilitation (DOR) believes in the talent and potential of all job seekers with disabilities. We work in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities.

**How Can DOR Help?**

Vocational Rehabilitation Services are available to job seekers with disabilities of all ages. Our purpose is to help eligible individuals with disabilities get and keep a job. A vocational rehabilitation counselor will help identify your job goal, determine services needed to prepare for the job, and bring a vocational rehabilitation team to assist with the employment search and receiving the services you need for your job.

**Are You Eligible for Vocational Rehabilitation Services?**

- Do you have a disability?
- Do you want to work?
- Are you having trouble getting, keeping, or advancing in a job because of your disability?
- Do you need help figuring out your job goal, learning where jobs exist, preparing for work, and/or getting a job that meets your needs?

If you answered “yes” to all the above questions, you may qualify for vocational rehabilitation services. Our vocational rehabilitation counselors look forward to helping you find a job goal that matches your unique strengths, resources, priorities, concerns, abilities, capabilities, and interest.

**Other DOR Services May be Available to You:**

DOR Student Services: Available to students with disabilities. DOR Student Services help students with disabilities learn about themselves, understand work requirements, practice work skills, choose a career, and explore training options.

Independent Living Services: Available to individuals with disabilities of all ages. If you have a disability and want to live more independently, you may be able to benefit from Independent Living Services.

**Next Steps to Apply for Vocational Rehabilitation Services and Receive More Information:**

1. Provide this form to your local DOR office via email, mail, or in person. Locate the DOR office nearest you on the DOR Internet (<https://dor.ca.gov/Home/ContactUs>).
2. A DOR team member will contact you based on your preferred method of contact to schedule an appointment to review DOR services and discuss your interest in services.
3. If you choose, fill out the DR 222A Supplemental Personal Information form and provide to your local DOR office along with this form. The DR 222A form is optional, however information requested in the form is required throughout the process of receiving DOR services. You may choose to share the supplemental personal information when you meet with your vocational rehabilitation counselor.
4. Feel free to explore the DOR web page to learn more about our mission, programs, and services (<http://www.dor.ca.gov>). Thank you!

You have the right to pursue mediation or formal hearing if issues arise that affect your services. For more information on your rights and remedies, please visit <https://www.dor.ca.gov/Home/RightsandRemedies>.

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**Requesting Vocational Rehabilitation Services**

To request vocational rehabilitation services, please provide the following information:

**\*Required Field**

Last Name *		First Name *		Middle Initial	
Other Name(s) Used		Preferred Name		Date of Birth	Primary Language
To talk about next steps, please provide your address, phone number, or email so that we can contact you.					
Street/Mailing Address			City		Zip Code
Phone Number			<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home <input type="checkbox"/> Other		
Email Address					
Please describe your disability. *					
Please describe how your disability gets in the way of work. *					

**For DOR Office Only**

Date Application Received in DOR Office:	Route to: (Name of DOR Staff)
Application Received By: (Name of DOR Staff)	

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**Privacy Statement:**

The law requires this notice to be provided to individuals when collecting personal information. This form, when completed will be your Vocational Rehabilitation (VR) Services Application (Application). The primary purpose of the Application is to collect the necessary information for the Department of Rehabilitation to determine your eligibility for vocational rehabilitation services. All information in the form is necessary for the Department of Rehabilitation to determine your eligibility for vocational rehabilitation services, create a separate and distinct vocational rehabilitation record of services, and contact you to discuss your eligibility for vocational rehabilitation services. Without this information, the Department of Rehabilitation may not be able to determine your eligibility for vocational rehabilitation services, your record may be confused with another individual's record, or we may not be able to contact you to discuss your eligibility for vocational rehabilitation services.

The Application will be included in your record of services at the Department of Rehabilitation (DOR), and you have the right to inspect any information that DOR maintains about you, unless law or regulation does not allow that information to be provided. If you have questions or to request information, please contact your local DOR office or you may contact DOR's Consumer Affairs and Quality Assurance Unit at (916) 558-5394, [dorcustomerserviceunit2@dor.ca.gov](mailto:dorcustomerserviceunit2@dor.ca.gov) or 721 Capitol Mall, Sacramento, California 95814.

DOR follows applicable federal and state privacy laws and regulations. In the following situations, the law allows DOR to share some personal information without a consumer's written authorization: (1) for the federal government to evaluate DOR's program performance; (2) in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the consumer or others; and (3) for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for vocational rehabilitation applicants and consumers in accordance with a written agreement. The written agreement will limit the use of the information and safeguard confidentiality. If the final report reveals any personal identifying information, informed, written consent will be required. For more information, please see DOR's Privacy Policy at [www.dor.ca.gov/Home/PrivacyPolicy](http://www.dor.ca.gov/Home/PrivacyPolicy).

Below is a list of the laws and regulations discussed above in this Privacy Statement and Notice: section 3141 of title 29 of the United States Code; sections 361.38, 361.45, and 361.46 of title 34 of the Code of Federal Regulations; sections 1798 through 1798.78 of the California Civil Code; and sections 7140 through 7143.5 of title 9 of the California Code of Regulations.

**SUPPLEMENTAL PERSONAL INFORMATION**

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If you choose, fill out the below fields and provide to your local DOR office via email, mail, or in person with the DR 222 Vocational Rehabilitation (VR) Services Application form. This form is optional, however information requested in this form is required throughout the process of receiving DOR services. You may choose to share the supplemental personal information when you meet with your vocational rehabilitation counselor.

Name:	Gender: <input type="checkbox"/> _____ <input type="checkbox"/> Choose not to self-identify
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## 1. Race and Ethnicity Checklist

☐ American Indian or Alaskan Native

Asian Group: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese  
☐ Korean ☐ Laotian ☐ Vietnamese ☐ Other Asian

☐ Black or African American

Native Hawaiian or Other Pacific Islander Group: ☐ Guamanian or Chamorro  
☐ Hawaiian  
☐ Samoan ☐ Other Pacific Islander

☐ White☐ Hispanic or Latino2. What is your monthly public source of support?☐ Do not receive public support☐ Public Support (please complete the following):

\$\_\_\_\_\_ Supplemental Security Income (SSI)  
☐ Applied ☐ Denied ☐ Pending ☐ Discontinued/Terminated

\$\_\_\_\_\_ Social Security Disability Insurance (SSDI)  
☐ Applied ☐ Denied ☐ Pending ☐ Discontinued/Terminated

\$\_\_\_\_\_ Temporary Aid to Needy Families (TANF)

\$\_\_\_\_\_ Other Public Assistance

## 3. Did you serve in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable?

☐ Yes☐ No

## 4. What type of medical insurance coverage do you have?

☐ Medicare☐ Private (employment)☐ State or Federal☐ Medicaid (Medi-Cal)☐ Private (other)☐ Affordable Care Act☐ Public (non-Medicare, Medicaid, or Affordable Care Act Exchange)☐ Exchange☐ None

## 5. Check if you are receiving transition services under either of the following:

☐ Individualized Education Program(IEP) ☐ 504 Plan

## 6. Who referred you to DOR?

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The Supplemental Personal Information will be included in your record of services at DOR, and you have the right to inspect any information that DOR maintains about you, unless law or regulation does not allow that information to be provided. If you have questions or to request information, please contact your local DOR office or you may contact DOR's Consumer Affairs and Quality Assurance Unit at (916) 558-5394, [dorcustomerserviceunit2@dor.ca.gov](mailto:dorcustomerserviceunit2@dor.ca.gov), or 721 Capitol Mall, Sacramento, California 95814.

The DOR follows applicable federal and state privacy laws and regulations. In the following situations, the law allows DOR to share some personal information without a consumer's written authorization: (1) for the federal government to evaluate DOR's program performance; (2) in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the consumer or others; and (3) for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for vocational rehabilitation applicants and consumers in accordance with a written agreement. The written agreement will limit the use of the information and safeguard confidentiality. If the final report reveals any personal identifying information, informed, written consent will be required. For more information, please see DOR's Privacy Policy at [www.dor.ca.gov/Home/PrivacyPolicy](http://www.dor.ca.gov/Home/PrivacyPolicy).

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