

Service Questionnaire



If you need assistance completing this form please call your vocational rehabilitation office before your intake appointment.

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this form in another format or language, contact Vocational Rehabilitation at 503-945-5880 or email vr.info@state.or.us or 711 for TTY.

Personal information													
Last name:		First name:		Middle name:									
Preferred name:		Previous last name:		Birthdate:									
Email address:		Gender:		Social Security Number: - -									
Phone number <input type="checkbox"/> cell <input type="checkbox"/> land <input type="checkbox"/> other:		Second phone number: <input type="checkbox"/> cell <input type="checkbox"/> land <input type="checkbox"/> other:											
Home address:				Date residency began:									
City:		State:	County:	ZIP code:									
Mailing address (if different than above home address):													
City:		State:		ZIP code:									
Racial and ethnic background (check all that apply): <table border="0"><tr><td><input type="checkbox"/> American Indian or Alaskan Native</td><td><input type="checkbox"/> Native Hawaiian or other Pacific Islander</td></tr><tr><td><input type="checkbox"/> Asian</td><td><input type="checkbox"/> White</td></tr><tr><td><input type="checkbox"/> Black or African American</td><td><input type="checkbox"/> Other (specify): _____</td></tr><tr><td><input type="checkbox"/> Hispanic or Latino</td><td></td></tr></table>						<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Hispanic or Latino	
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<input type="checkbox"/> Hispanic or Latino													
Primary language (check all that apply): <table border="0"><tr><td><input type="checkbox"/> English</td><td><input type="checkbox"/> Spanish</td><td><input type="checkbox"/> Other:</td></tr></table>						<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:					
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:											
Counselor notes:													
Have you been a prior client of Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where? _____													