

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SERVICES FOR THE BLIND **VOCATIONAL REHABILITATION**

REHABILITATION APPLICATION

5. E-MAIL ADDRESS
3. E-MAIL ADDRESS
CITY ZIP CODE
CODE
9. GENDER MALE 🗌 FEMALE 🗌
Native American/ Alaska 🔲 Asian 🗌 Native
LANGUAGE PREFERENCE
14. VETERAN Yes 🗌 No 🗌
3- Divorced 4- Separated 5- Single
PERSON(S)
REGISTERED TO VOTE Yes 🗌 No 🗌
L SOURCE CODE
CODE
CODE
I. FIELDS Right Left
6. MOST SIGNIFICANTLY DISABLED Yes 🗌 No 🗌
Net Hrs. Worked Amount Amount
Amount
Amount
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Months Amount
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Months Amount Amount CODE AVAILABLE ASSETS Dete DSB-4040) one of the following):
Months Amount Amount CODE AVAILABLE ASSETS olete DSB-4040) one of the following): I Recipient Yes, Eligible for Extenuating Circumstances [

N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES REHABILITATION APPLICATION **DIVISION OF SERVICES FOR THE BLIND VOCATIONAL REHABILITATION** 31. MEDICAL INSURANCE COVERAGE AT APPLICATION None Yes Not Available Available 32. MEDICAL INSURANCE THROUGH WORK Not Working 33. MEDICAL INSURANCE COMPANY NAME POLICY Both Doctor Only Hospital Only Type of Policy: None 🗌 Applied 🔲 Receiving 🗌 If Receiving, Medicare Number 34. MEDICARE Physician & Outpatient Hospital Indicate Type: Inpatient Hospital Receiving 35. MEDICAID None Applied If Receiving, Medicaid Number 36. EDUCATION **0-** No Formal Schooling **1-** Grades 1-8 2- Grades 9-12, No Diploma 3- Special Education Certificate of Completion/ Attendance 4- High School Graduate/ Equivalency Certificate **5-** Post-Secondary Education, No Degree 7- Bachelor's Degree 🗌 8- Master's Degree 🗌 **6-** A.S. Degree or Vocational Certificate 37. SERVICES UNDER INDIVIDUALIZED EDUCATION PLAN Yes No 38. UNITED STATES CITIZEN Yes No 39. WORK STATUS **01-** Employment w/o Supports in Integrated Setting **02-** Extended Employment 03- Self-Employed 🔲 04- BE Stand Operator 🗌 05- Homemaker 🔲 06- Unpaid Family Worker 🗌 07- Employment w/ Supports in Integrated Setting . 08- Not Employed: Student in Secondary Education 09- Not Employed: All Other Students 🗌 10- Not Employed: Trainee, Intern or Volunteer 🗌 11- Not Employed: Other 40. PREVIOUS EMPLOYMENT STATUS Currently/ Previously Employed Last Year Employed No Previous Employment 41. WORK HISTORY 42. CONVICTIONS 43. COMMENTS

I understand that the purpose of receiving Vocational Rehabilitation services is to enable me to retain or secure employment. I understand that this document is my application for services from N.C. Division of Services for the Blind and that this application demonstrates my desire to achieve an employment outcome. I certify that the information in this application is correct.

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Rehabilitation Counselor	Date	Applicant	Date
	04: 40/00 (Dama 0 of 0)		