



## **PURPOSE**

The Rehabilitation Application is used to record a complete history on an individual making application for Vocational Rehabilitation (VR) Services with North Carolina Division of Services for the Blind (DSB). Once an application is completed, signed and dated, the VR Counselor has 60 calendar days to approve or deny services. If extenuating circumstances exist, complete with the individual DSB 4041-Extension of Time to Determine Eligibility.

## **PREPARED BY**

Vocational Rehabilitation Counselor

## **INSTRUCTIONS**

- 1. Name:** Enter individual's name (first name, middle initial and last name).
- 2. Individual Number:** When applicable, enter the randomly selected computer number which is not the CSNS or Social Security Number.
- 3. SSN:** Enter individual's nine-digit Social Security Number.
- 4. Maiden Name:** Enter individual's maiden name. Leave blank if not applicable.
- 5. E-mail Address:** Enter the complete address, if appropriate.
- 6. Address:** Enter the individual's most current street address, city and five digit zip code.
- 7. County:** Enter the individual's current county and the two-digit code.
- 8. Phone:** Enter the individual's home and work phone numbers with area code and seven-digit number.
- 9. Gender:** Place and X in the appropriate block to indicate the individual's sex.
- 10. Directions to Home:** Enter clear driving directions from the district office.
- 11. Race:** Place an X in the appropriate block to indicate the individual's identification of race. Multiple "X" responses are permitted for an individual.

White: An individual having origins in any of the original peoples of Europe, North Africa or Middle East.

Black/African American: An individual having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native: An individual having origins in any of the original peoples of North America and who maintains cultural identification through affiliation or community recognition.

Asian: An individual having origins in any of the original peoples of the Far East, Southeast Asia and the Indian subcontinent. This area includes China, India, Japan, Korea and the Philippine Islands.

Native Hawaiian/Pacific Islanders: An individual having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.



## REHABILITATION APPLICATION INSTRUCTIONS

**12. Ethnicity:** Hispanic/Latino, place an X in the appropriate block to indicate the individual's identification of ethnicity.

Language Preference: Enter the two-character code of the written language preference for the head of the household. Default is English.

EN - English	GR - Greek	LA - Laotian	SC - Serbo-Croatian
SP - Spanish	GU - Gujarati	MI - Miao	TA - Tagalog
AR - Arabic	HI - Hindi	MK - Mon-Khmer	TH - Thai
CA - Cambodian	HM - Hmong	PE - Persian	UR - Urdu
CH - Chinese	HU - Hungarian	PO - Polish	VI - Vietnamese
FR - French	IT - Italian	PG - Portuguese	OT - Other
FC - French Creole	JA - Japanese	PC - Portuguese Creole	
GE - German	KO - Korean	RU - Russian	

**13. Date of Birth:** Enter a two-digit month, two-digit day and a four-digit year for the date the individual was born. (Example: July 17, 1960 would be entered as 07171960)

Age: Enter the two-digit number for the applicant's age at referral.

**14. Veteran:** Place an X in the appropriate block to indicate if the individual had served in the active military, naval or air service.

**15. Marital Status:** Place an X in the appropriate block to indicate the individual's marital status at the time of application for services.

**16. Number in Family:** Enter the two-digit number. (Example: If there are two individuals in the family enter the number as 02).

**17. Contact Person(s):** Enter a name and telephone number of a friend or relative.

**18. Living Arrangements/Code:** Enter the two-digit code describing the current living arrangements of the individual.

- 01 - Private Residence (independent or with family or other person)
- 02 - Community Residential/Group Home
- 03 - Rehabilitation Facility
- 04 - Mental Health Facility
- 05 - Nursing Home
- 06 - Adult Correctional Facility
- 07 - Halfway House
- 08 - Substance Abuse Treatment Center
- 09 - Homeless/Shelter
- 10 - Other



## REHABILITATION APPLICATION INSTRUCTIONS

**Register to Vote:** Place an X in the appropriate block to indicate if the individual is registered to vote in N.C. Voter Registration forms are in each District office. The completed form will remain in the District Office and mailed to the appropriate County Board of Elections each Friday.

**19. Referral Date:** Enter a two-digit month, two-digit day and a four-digit year for date the individual was referred. Date cannot be past the current date. (Ex: July 17, 2006 would be entered as 7172006)

**20. Referral Source:** Enter the name of the individual, organization or other entity that first referred the individual.

Referral Source Code: Enter a one digit code designating the individual, agency, organization, or other entity that referred the individual.

- 1 - Educational Institution (elementary/secondary)
- 2 - Educational Institution (post-secondary)
- 3 - Physician or other Medical Personnel or Medical Institutions (public or private).
- 4 - Welfare Agency (State or Local Government)
- 5 - Community Rehabilitation Programs
- 6 - Social Security Administration (Disability Service or District Office).
- 7 - One-Stop Employment/Training Centers
- 8 - Self-Referral
- 9 - Other Sources

**21. Major Disability:** Enter the individual's primary physical impairment that causes or results in a substantial impediment to employment and the cause or source of the impairment.

Major Disability Code: Enter the four-digit code that best describes the individual's primary impairment. The first two digits indicate the impairment and the last two designate the cause or source of the impairment. Visual impairment codes are 01, 02 and 08.

**22. Secondary Disability Code:** Enter the four-digit code that best describes the individual's secondary impairment. The first two digits indicate the impairment and the last two digits designate the cause or source of the impairment. If the first two digits of the four-digit code are 00, the last two digits cannot be anything other than 00. If there is a cause (last two digits) indicated, the first two digits (impairment) must be something other than 00.

**23. Vision:** Enter the better corrected visual acuity in the right (OD) and left (OS) eye.

**24. Fields:** Enter the degrees of the field of vision in the right (OD) and left (OS) eye.

**25. Significantly Disabled (Y/N):** Place an X in the appropriate block to indicate that the individual has a significant disability whose impairment seriously limits one or more functional capacities such as mobility, communications, self-care, self-direction, interpersonal skills, work tolerance, or work skills and whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.



**26. Most Significantly Disabled (Y/N):** Place an X in the appropriate block to indicate the individual's most significant disability whose impairment seriously limits two or more functional capacities such as mobility, communications, self-care, self-direction, interpersonal skills, work tolerance, or work skills and whose vocational rehabilitation can be expected to require multiple vocational rehabilitation services over an extended period of time.

**27. Income Information:**

**A. Wages**

**Applicant Earnings Week Before Application**

**Gross Wages-** Enter applicant's total earned income before mandatory deductions (income taxes, social security and health insurance) the week before application.

**Net Wages -** Enter the applicant's net earnings for the week before application. Net is gross income minus mandatory deductions (income taxes, social security and health insurance).

**Hours Worked -** Enter the number of hours that the applicant worked for earnings in the week before application.

**Person 1 -** Enter the name of person living in the household.

**Person 1 Amount -** If this is the spouse, enter 100% of net income minus mandatory deductions for taxes, social security and health insurance. If this is an adult member within the family unit, enter 50% of the net income minus mandatory deductions.

**Person 2 -** Enter the name of the second person living in the household.

**Person 2 Amount -** Enter 50% of the net amount of earnings after mandatory deductions of taxes, social security and health insurance.

**B. Social Security (SSDI, SSI, OASI)**

**Applicant -** Enter applicant's name.

**Applicant Type -** Enter the type of Social Security as SSDI, SSI or OASI.

**Applicant Amount -** Enter the amount of SSDI, SSI or OASI per month.

**Person -** Enter name of second person living in household.

**Person Type -** Enter the type of Social Security as SSDI, SSI or OASI.

**Person Amount -** If this is the spouse or parent, enter 100% of the amount of the pension plus 50% of monthly payment received by all non-independent members of the family unit.

**C. Public Assistance (DSS Assistance from State/Local Government, TANF)**

**Applicant -** Enter applicant's name.

**Applicant Type -** Enter the type of assistance as DSS, TANF or other.

**Applicant Months -** Enter the months the individual has received assistance with a two-digit number (two would be 02).

**Applicant Amount -** Enter the amount of DSS, TANF or other per month.



Person - Enter name of second person living in household.

Person Type - Enter the type of assistance as DSS, TANF or other.

Person Months - Enter the months the individual has received assistance with a two-digit number (two would be 02).

Person Amount - Enter 50% of the amount of the DSS, TANF or other per month.

D. Other - Indicate the type of all other resources received by the family unit such as income from boarders, rental property income and regular contributions from any source including all insurance policies, salary continuation plan, alimony, child support, etc.

Amount - Indicate the amount of all other resources received by the family unit such as income from boarders, rental property income and regular contributions from any source including any insurance policy, salary continuation plan, alimony, child support, etc.

**28. Primary Support:** Indicate the Applicant's largest single source of economic support at application (1) Personal Income, (2) Family and Friends, (3) Public Support (SSI, SSDI, TANF) and (4) all other sources (private disability insurance, private charities, etc. ).

**29. Total Monthly Income:** Record the sum of all the financial resources listed in 27 A-D. Available Assets - Enter the total amount of all checking accounts, savings accounts, money market accounts, savings certificates of deposit, stocks, bonds, life insurance net case value, mutual funds and other liquids assets. Do not include individual retirement accounts, Keogh accounts or self-employment accounts. Real property is available assets to the extent it can be converted to cash or used as collateral, in a timely manner, to meet the cost of rehabilitation services. Real property, excluding the home site, will be recorded at the fair market value or purchases, whichever is less, minus the amount owed for mortgages. Any amount over \$25,000 will be recorded as an excess.

**30. Financial Eligibility Determination (Complete one of the following):**

- Yes, This individual meets the economic eligibility needs test.
- Yes, This individual is a SSI/SSDI recipient.
- Yes, This individual is eligible for extenuating circumstances.
- Yes, This individual applied excess income.
- No, This individual does not meet the economic eligibility needs test.
- No, This individual did not report income.
- No, This individual does not meet the economic needs test but no cost services required.

**31. Medical Insurance Coverage at Application:** Place an X in the appropriate box to indicate "No" coverage or "Yes" for coverage.

**32. Medical Insurance through Work:** Place and X in the appropriate box to indicate insurance is **not available** through work, medical insurance is **available** through work or no medical insurance is available as the individual is **not working**.

**33. Medical Insurance Company Name:** Enter the name of the Medical Insurance Company.

Type of Policy - Place an X in the appropriate box to indicate that the coverage is Doctor Only, Hospital Only or both Doctor and Hospital.



- 34. Medicare:** Place an X in the appropriate box to indicate  
None - Applicant does not have Medicare coverage  
Applied - Applicant has applied for Medicare coverage  
Receiving - Applicant is receiving Medicare coverage  
Medicare Number - Enter applicant's Medicare number  
Medicate Type - Place an X in the appropriate box to indicate  
Inpatient Hospital  
Physician & Outpatient Hospital  
Both Inpatient & Outpatient
- 35. Medicaid:** Place an X in the appropriate box to indicate  
None - Applicant has no Medicaid coverage  
Applied - Applicant has applied for Medicaid coverage  
Receiving - Applicant is receiving Medicaid coverage  
Medicare Number - Enter the Medicaid number
- 36. Education:** Place an X in the appropriate box to indicate the level of education attained at the time of application.
- 37. Services Under Individualized Education Plan:** Place an X in the appropriate block to indicate the individual's receives services under an Individualized Education Plan (IEP). If the applicant was in special education or an ungraded classroom, enter Y.
- 38. United States Citizen:** Place an X in the appropriate box to indicate whether the individual is a citizen of the United States. If No, the Counselor needs to verify the immigration status as outlined in the I-9 Form.
- 39. Work Status at Application:** Place an X in the appropriate box that best describes the employment status of the individual at application.
- 40. Previous Employment Status:** Place an X in the appropriate box that best describes the employment status of the individual at application.  
Currently/Previously employment  
Last Year Employed-Enter the four-digit year of the last year that the individual was employed.  
No Previous Employment.
- 41. Work History:** Enter the years of employment, position and duties of the position and the name of the employer for the past 5 years or longer, if appropriate.
- 42. Convictions:** If convictions enter type of conviction, was the action a misdemeanor or felony, where convicted, sentence length, when released from probation/parole etc.
- 43. Comments:** Enter any other information that will be helpful.  
Vocational Rehabilitation Counselor signs and dates the form.  
Individual, or the individual's representative, if appropriate, signs and dates the form.

**DISTRIBUTION**

Original **PINK** copy:            Individual File