



## AGREEMENT OF UNDERSTANDING WITH APPLICANT FOR SERVICES

I have reviewed the Division of Services for the Blind (DSB) Rehabilitation Handbook. It provides me with information about services that may be available to me and about my rights and responsibilities when applying for and when receiving DSB Vocational Rehabilitation (VR) Services.

I understand that DSB VR Services may be able to assist me if:

- I have a visual impairment that results in a substantial impediment to employment, and
- I require vocational rehabilitation services to prepare for, secure, retain or regain employment.

I want to work. I understand all services available to me through DSB VR Services must directly relate to my goal of going to work. I will be a full and active partner throughout my DSB VR Program.

I understand that if I am eligible, my DSB VR Counselor will share information about my skills, my abilities, jobs, services, service providers, and methods for obtaining services. Based on this information, I will have the opportunity to make informed choices about my job goal, the services I require the providers of these services, and the methods to obtain the services. I understand I can choose to write my Individualized Plan for Employment (IPE), to seek out assistance to do so, or to ask my Counselor for assistance.

My signature (or my representatives signature, if needed) certifies that I understand my rights and responsibilities, including the Code of Conduct, and those DSB VR Services. I have received a copy of the document in my most understood mode of communication, which is \_\_\_\_\_ (Braille, Large Print, CD, Tape or Electronic).

Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
Parent/Appropriate Representative Signature

\_\_\_\_\_ Date

\_\_\_\_\_  
DSB VR Counselor Signature

\_\_\_\_\_ Date