APPLICATION FOR VOCATIONAL AND EMPLOYMENT SERVICES

Michigan Department of Labor and Economic Opportunity
Michigan Rehabilitation Services

For MRS office use only Date Application received

Personal Information		
Last Name:	First Name:	Middle Name:
Name you want to be called:	Former Last Name (if applicable):	Social Security Number:
Birth Date:	Gender: ☐ Male ☐ Female ☐ Non-binary or Another Gender ☐ Prefer Not to Answer	
Mailing Address:		
City:	State:	Zip Code:
County:	Email Address:	
Primary Phone: (____) _____-_____ ☐ Voice ☐ TTY ☐ Fax ☐ Cell ☐ Video Phone		
Secondary Phone: (____) _____-_____ ☐ Voice ☐ TTY ☐ Fax ☐ Cell ☐ Video Phone		
What is your race/ethnicity (check all that apply) ☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ Arab ☐ Asian ☐ Hmong ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander		
Do you consider yourself to be multi-racial? ☐ Yes ☐ No	Are you a veteran? ☐ Yes ☐ No	
Were you a customer of MRS in the past? ☐ Yes ☐ No	When?	What Office?
Have you received Pre-Employment Transition Services (Pre-ETS) from MRS in the past? ☐ Yes ☐ No	When?	What Office?
Your Needs		
What language do you use most of the time? ☐ English ☐ Spanish ☐ Arabic ☐ American Sign Language ☐ Other – Explain:		
What language do you use for printed documents? ☐ English ☐ Spanish ☐ Arabic ☐ Other Explain:		
Do you need an interpreter, large print or other type of help to work with MRS? ☐ Yes ☐ No Explain:		
Characteristics		
Do you have a: • Legal Guardian • Michigan Driver's License • State of Michigan ID • Work Permit	 ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	**Copy of guardianship documents is required.** Type of Permit:

Customer Name _____

Characteristics *(continued)*

Marital status: ☐ Single/Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Are you a registered voter? ☐ Yes ☐ No Would you like to register to vote? ☐ Yes ☐ No

Are you a citizen of the U.S.?	☐ Yes ☐ No	
If no, do you have a work Visa?	☐ Yes ☐ No	**Please bring to your first appointment**

Disability Information

What is your physical or mental disability? (Examples: Depression, anxiety, substance abuse, learning disability, ADD, ADHD, cerebral palsy, arthritis, etc.)	Primary or Main	Secondary or Other Disability

Does your disability affect your ability to:

☐ Stand ☐ Walk ☐ Sit ☐ Lift ☐ Bend
☐ See ☐ Hear ☐ Read ☐ Write ☐ Use Hands or Feet
☐ Concentrate ☐ Remember ☐ Learn ☐ Understand ☐ Handle Stress
☐ Communicate ☐ Control Emotions ☐ Work with Others
☐ Other – Explain:

Basic Information

What is your current living arrangement?

☐ Adult/Youth correctional facility
☐ Community residential/Group home
☐ Halfway house
☐ Homeless/shelter
☐ Mental health facility
☐ Nursing home
☐ Private residence (applicant only, with family or with another person)
☐ Rehabilitation Facility
☐ Substance abuse treatment center
☐ Other:

What is your current medical coverage? (Please check all that apply.)

☐ Medicaid ☐ Medicare ☐ Affordable Care Act ☐ None
☐ Private insurance through own employment Provider:
☐ Not yet eligible for private insurance through current employer
☐ Private insurance from other means (Example: insurance is provided by a parent or a spouse.)
Name of Insurance Company:
☐ Public Insurance from another source.
Name of Insurance Company:

Are you currently enrolled in school? ☐ Yes ☐ No	If yes, what is your expected graduation date?

How did you hear about MRS (referred by)?

Income

What is your primary source of income?

☐ Personal income (employment earnings, interest dividends, rent, retirement including Social Security)
☐ Public Support (SSI, SSDI, TANF, etc.) Explain:
☐ Family and friends ☐ Private Relief Agency ☐ Public Institution – Tax Supported
☐ Worker's Compensation
☐ All other sources (e.g., private disability insurance and private charities)

Customer Name _____

(Please check Yes or No and enter monthly amount, if applicable)			
Do you receive:	**Yes (√)**	**No (√)**	**Monthly Amount**
Social Security Disability Insurance (SSDI)	☐	☐	
Supplemental Security Income (SSI)	☐	☐	
Family Independence Program (FIP) also known as Temporary Assistance to Needy Families (TANF)	☐	☐	
If yes, will you run out of TANF within 2 years?	☐	☐	
State Disability Assistance (SDA) also known as General Assistance (GA) in some areas	☐	☐	
Unemployment Insurance Benefits	☐	☐	
Veterans Disability (VA)	☐	☐	
Workers' Compensation	☐	☐	
Other types of Public Assistance (Examples: government payments for retirement or survivor benefits, Aid for Dependent Children, etc.)	☐	☐	
Other Disability Income: ☐ Long Term Disability (LTD) ☐ Auto No-Fault	☐	☐	
Non-Cash Income – Food Assistance (also known as Bridge Card)	☐	☐	

I understand that:

- The purpose of receiving vocational rehabilitation services is to help me get or keep a job.
- I must be found eligible for the services that I require.
- The Social Security Administration may give MRS all information necessary to determine my eligibility and verify my identity.
- MRS may contact me during or after my case has been closed to provide an opportunity to share my experience about the program.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Parent or Legal Guardian, if applicable Date

The application has been reviewed and their rights and responsibilities have been discussed.

_____ _____

Signature (MRS Staff Member) Date