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?	Are you a veteran?
☐ Yes ☐ No	☐ Yes ☐ No

Customer Name: _____

Personal Information (*continued*)	
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: _____

Customer Name: _____

Characteristics		
Do you have a:		
Legal Guardian	☐ Yes ☐ No	Copy of guardianship documents is required. Type of Permit: _____
Michigan Driver's License	☐ Yes ☐ No	
State of Michigan ID	☐ Yes ☐ No	
Work Permit	☐ Yes ☐ No	
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? **Please bring to your first appointment.**	☐ Yes ☐ No	

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:

Customer Name: _____

Disability Information (*continued*)

Does your disability affect your ability to:

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

☐ Other – Explain: _____

Basic Information

What is your current living arrangement?

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

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

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

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

How did you hear about MRS (referred by)?

Customer Name: _____

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

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 will 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 Counselor):	Date: