

Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job.

Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the [VR Website](#) and click on "Contact Us." Then select "Directory of Local VR Offices and Vendors;" or call toll free (800)-451-4327.

Date of Referral _____

Name of Individual (Please Print)		Date of Birth		Social Security Number	
Address (Home)		City		State	Zip
Address (Mailing)		City		State	Zip
Telephone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell			Additional Contact Name		
Additional Contact Phone Number			Additional Contact Email		
What is the best method of contact? (Select one)					
<input type="checkbox"/> Email		<input type="checkbox"/> Mail		<input type="checkbox"/> Phone	
<input type="checkbox"/> Other (specify) _____					
Can VR leave a message at the number listed above?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Does not wish to disclose or self-identify					
Email Address			Have you ever received services from VR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Education Level					
Marital Status		<input type="checkbox"/> Divorced		<input type="checkbox"/> Married	
		<input type="checkbox"/> Never Married		<input type="checkbox"/> Separated	
<input type="checkbox"/> Widowed					
Ethnicity					
<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> Does not wish to disclose or self-identify	
Race (Check all that apply)					
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Does not wish to disclose or self-identify	
Accommodations					
Do you require an Interpreter?		<input type="checkbox"/> Yes, ASL		<input type="checkbox"/> Yes other, specify language:	
Do you require translated documents		<input type="checkbox"/> Yes			
Do you require an assistive listening device?		<input type="checkbox"/> Yes			
Do you require any other accommodations for your impairment?				<input type="checkbox"/> Yes If so, please explain:	
What impairment prevents you from working?					
How can VR help you become employed?					
How did you hear about us?					
Agency/Vendor/School:		Contact Person:		Phone #:	

For Office Use Only	Received Date : _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax
	Contact Date: _____	Contacted by: _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
	Orientation Scheduled: _____	Date: _____	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Video
	Additional Notes: _____				
	Outcome of Referral		<input type="checkbox"/> Completed Application	<input type="checkbox"/> Decided not to apply	<input type="checkbox"/> Missed Orientation
		<input type="checkbox"/> Completed Orientation	<input type="checkbox"/> Other _____		

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of federal grant funds awarded were \$153,000,001. The remaining 21.3 percent of the costs (\$41,409,148) were funded by Florida State Appropriations. (11/2020)