

THE OHIO REHABILITATION SERVICES COMMISSION
BUREAU OF VOCATIONAL REHABILITATION
INFORMATION SHEET

Please complete this form and bring it to your appointment.
The information provided will help us to determine your eligibility and plan services.

Name: _____ SSN: _____

Address: _____
_____, Ohio 45 _____

Phone #: (513) _____ Pager or Cell: _____

Date of Birth: _____ E Mail: _____

Name and Number of Person to Contact in Case of Emergency:

What are your career/job goals?

What is your disability (ies)? _____

How does your disability (ies) keep you from working, and/or make it difficult for you to obtain/maintain employment?

Check if you have problems with:

Sitting	Climbing	Supervisors	Time management
Bending	Pushing/pulling	Co-workers	Maintaining attention
Standing	Reading/writing	Learning how to do a job	Following instructions
Lifting	Hearing	Keeping a schedule	Emotional Issues
Walking	Speaking	Working 40hrs/week	

Are there other things which make it difficult for you to work, look for work, get a job or remain at a job (child care, transportation, lack of a resume, felony record, uncertain how to find a job, uncertain how to ask for accommodations, etc.)? _____

If so, what are they? _____

What have you tried in order to start or get back to work? What problems are you running into? _____

What would you like RSC/BVR to help you with? _____

MEDICAL AND SERVICE PROVIDERS

Please list all doctors, counselors, and case managers, (include social worker, workers' compensation case manager, probation officer, etc.) that you are currently receiving services from and /or from whom you have received services.

Name: _____ Phone: _____
 Organization / agency: _____
 Address: _____
 Seen for? _____

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 Organization / agency: _____
 Address: _____
 Seen for? _____

Is your disability progressive (becoming worse), stable (remaining about the same) or improving? Please circle: Progressive Stable Improving

Are you taking any medications? _____ Yes _____ No

If you checked Yes above, please complete the table below:

<u>Medication</u>	<u>Dose</u>	<u>Prescribed by</u> <i>(Name of Doctor)</i>	<u>Prescribed for</u>	<u>Side Effects</u>

Please continue on back if more space is needed

SOCIAL INFORMATION

Please circle one: Married Widowed Divorced Separated Single

Source of Income (check all that apply)	Monthly Amount	Beginning Date-(Month/Year)
SSI		
SSDI		
ADC		
GA		
Workers' Compensation		
Wages		
Family / friends		
Unemployment		
VA Disability		
Other (odd jobs)		

Health Coverage: Medicaid Medicare Private Insurance Other

Current living situation (please circle):

Apartment Group home Homeless shelter _ way house

Rehab center Family home Other: _____

How long have you lived here? _____ How long in Cincinnati? _____

Who do you live with (parents, spouse, sibling, friend, and children)? Names & ages:

Any brothers? _____ Any sisters? _____

Do you have a valid driver's license? Yes No Own a car? Yes No

Are you able to use public transportation? Yes No

Do you use Access? Yes No

Have you ever served in the Military? Yes No

Branch _____ Dates _____ Honorable discharge? Yes No

Rank: _____ Training received: _____

Have you ever attended a drug/alcohol treatment program? Yes No

Program: _____ Dates: _____

Are you currently attending AA, Rational Recovery, or other program? Yes No

Program: _____ Frequency: _____

Have you ever been convicted of: A misdemeanor Yes No
A felony Yes No

Date	Offense	Sentence/served
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Date	Offense	Sentence/served
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Are you currently on probation/parole? Yes No If yes, date released _____

Probation / Parole officer _____ Telephone number: _____

EDUCATION:

Name of High School: _____

Highest grade completed _____

Dates attended: _____

GED? Yes No _____ Year Obtained

Were you in LD or other special education classes? Yes No

Did you have an IEP? Yes No Unsure

What kinds of grades did you receive? _____ Favorite subject: _____

Any vocational/technical training (such as HVAC, auto mechanics, clerical)?

Where: _____ Dates Attended: _____

Certificate or license received? _____

College: _____ Dates attended: _____

Major: _____ Degree received: _____

Special Skills / Hobbies (woodworking, computer skills, crafts, electronics):

WORK HISTORY: (You may provide your resume instead of completing this section.)

Are you working now? ___ Yes ___ No If Yes, date you began _____

Name and address of employer: _____

Hours per week: _____ Hourly or yearly wage: _____

Past Employment (begin with your most recent job):

Employer:

Job Title: _____ **Dates:** _____ **Earnings:** _____

Duties: _____

Reason for leaving: _____

Previous Jobs

Employer: _____ **Dates:** _____

Job Title: _____ **Earnings:** _____

Duties: _____

Reason for leaving: _____

Employer: _____ **Dates:** _____

Job Title: _____ **Earnings:** _____

Duties: _____

Reason for leaving: _____

Employer: _____ **Dates:** _____

Job Title: _____ **Earnings:** _____

Duties: _____

Reason for leaving: _____

Employer: _____ **Dates:** _____

Job Title: _____ **Earnings:** _____

Duties: _____

Reason for leaving: _____

Other types of employment or volunteer work: _____

What are your salary expectations? _____

Are you interested in full or part-time work? _____ **Work Shift:** _____

Please bring this with you to your appointment! Thank you!!