



State of Hawai'i
Department of Human Services
Division of Vocational Rehabilitation (DVR)



Referral for Vocational Rehabilitation Services

Hawai'i Division of Vocational Rehabilitation (DVR) provides services to community members who experience barriers to employment due to a functional, psychological, developmental, cognitive, or emotional disability. The DVR program is designed to assist job seekers and employed individuals with disabilities to prepare for, secure, advance, and retain competitive employment in an integrated work setting.

Required Information

Last Name:		First Name:	MI:
Address:		City:	
State/Zip:		County:	
Phone Number:		E-mail Address:	
Preferred Method of Contact: <input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> Fax <input type="checkbox"/> Video Phone <input type="checkbox"/> TTY <input type="checkbox"/> Email			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Do Not Wish to Self-Identify		
Primary Language:			
What is your disability? Please check all that apply.			
<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> Blind or Visually Impaired	<input type="checkbox"/> Cognitive Delay	
<input type="checkbox"/> Deaf or Hard of Hearing	<input type="checkbox"/> Developmental Delay	<input type="checkbox"/> Other:	

Student with a Disability

<input type="checkbox"/> Not a student
<input type="checkbox"/> Student in Middle or High School with a 504 Plan
<input type="checkbox"/> Student in Middle or High School with an Individualized Education Program (IEP)
<input type="checkbox"/> Student in Middle or High School with No Individualized Education Program (IEP) and No 504 Plan
<input type="checkbox"/> Student in Post-Secondary Education or Other Education Program 21 or Under
<input type="checkbox"/> Student in Post-Secondary Education or Other Education Program 22 or Over
Name of School:

Referral Information

<input type="checkbox"/> Self-referral	<input type="checkbox"/> Family/friend	<input type="checkbox"/> American Job Center	
<input type="checkbox"/> Development Disabilities Division	<input type="checkbox"/> Veteran Affairs	<input type="checkbox"/> Wagner-Peyser	
<input type="checkbox"/> Centers for Independent Living	<input type="checkbox"/> Child Protective Services	<input type="checkbox"/> Another State VR Agency	
<input type="checkbox"/> Department of Education Adult Education		<input type="checkbox"/> Department of Labor & Industrial Relations	
<input type="checkbox"/> Other:			
Referral Source (if applicable)			
Agency:	Representative:	Phone:	E-mail:
Are you involved with another Agency/Organization/Program? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please list below:
Agency:	Representative:	Phone:	E-mail:
Agency:	Representative:	Phone:	E-mail:
Have you been involved with a DVR Program before? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please list where/when:
Where:		When:	
What services are you seeking from DVR?			

Please submit form via mail, fax or hand delivery to the Hawaii Division of Vocational Rehabilitation (DVR) Branch nearest you. DVR will contact you soon to meet with a Qualified Vocational Rehabilitation Specialist to review this form during an intake interview and learn more about the DVR process, rights & responsibilities, how to appeal decisions made by DVR, and the Client Assistance Program.

O'ahu Branch (HNL) 600 Kapiolani Blvd, #305 Honolulu, HI 96813 Ph: (808) 586-4824 (V/T) Fax: (808) 586-4833	Kapolei Office 601 Kamokila Blvd, #515 Kapolei, HI 96707 Ph: (808) 692-8603 (V/T) Fax: (808) 692-8616	Services for the Blind Branch 1901 Bachelot Street Honolulu, HI 96817 Ph: (808) 586-5269 (V/T) Fax: (808) 586-5288
Maui Branch 54 So. High St, #309 Wailuku, HI 96793 Ph: (808) 984-8350 (V/T) Fax: (808) 984-8355	Moloka'i Section 55 Makaena St, # 3 Kaunakakai, HI 96748 Ph: (808) 553-3621 (V/T) Fax: (808) 553-5048	Kaua'i Branch 3060 Eiwa St. #304 Lihue, HI 96766 Ph: (808) 274-3333 (V/T) Fax: (808) 274-3340
Hawai'i Branch 75 Aupuni St, Rm 110 Hilo, HI 96720 Ph: (808) 974-6444 (V/T) Fax: (808) 974-6450	Kona Section 75-5722 Kuakini Hwy ,Ste 213 Kailua-Kona, HI 96704 Ph: (808) 323-0025 (V/T) Fax: (808)	

For Division of Vocational Rehabilitation Use Only
Case Information

Referral Date (date entered in AWARE) _____

Application Date (date entered in AWARE) _____

Received By _____

Intake Interview Date _____

Applicant	Case ID	VRS Assigned	Section	Case Status
<input type="checkbox"/> New PE Case				
<input type="checkbox"/> New VR Case				
<input type="checkbox"/> Active PE Case				
<input type="checkbox"/> Active VR Case				
<input type="checkbox"/> Previous Closure				