



Application 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.

Applicant Information

Last Name _____ First Name _____ MI _____

Residential Address _____

City _____ State/Zip _____ County _____

Mailing Address _____

City _____ State/Zip _____ County _____

Phone Number _____ E-mail Address _____

Date of Birth _____

Social Security Number _____

Preferred Method of Contact

Email Mail Text TTY Video Phone Voice

Primary Language _____

Alternate contact if we are unable to reach you directly?

Name _____ Relationship _____

Phone Number _____ E-mail Address _____

United States Citizen? Yes No

If no, are you legal status to work in the U.S.? Yes No

Gender

Male Female Non-binary Do Not Wish to Self-Identify

Marital Status

Single/Never Married Married Domestic Partnership
Separated Divorced Widowed

Race (Check all that apply)

African American or Black American Indian or Alaskan Native
Asian Caucasian/White
Native Hawaiian or Other Pacific Islander Do Not Wish to Self-Identify

Ethnicity

Hispanic or Latino Not Hispanic or Latino
(i.e., Cuban, Mexican, Puerto Rican, South or Central America)

Disability

Behavioral Health Blind or Visually Impaired Cognitive Delay
Deaf or Hard of Hearing Developmental Delay Physical

Accommodations

N/A Braille Large Print Reader

American Sign Language Interpreter

Foreign Language Interpreter If so, which language? _____

Other _____

Transportation

Car (have a valid Driver's License)

Public Transportation

Handi-Van

Driver (parents, relatives, friends)

What is the highest level of Education you achieved? _____

Are you currently employed? Yes No

If so, what is your job title? _____

Are you involved with another Agency Program? No Yes, write below

Agency _____ Phone _____

Representative _____ Email _____

Have you been involved with a DVR Program before? No Yes, write below

Where _____

When _____

What services are you seeking from DVR? _____

Information Before You Sign

DVR services will be provided without discrimination based on sex, race, age, creed, disability, or national origin as prohibited by the Civil Rights Act, Age Discrimination Act, and the Rehabilitation Act, as amended. I have the right to request for a formal hearing with the local or federal Civil Rights Office within 180 days of any decision or action which I believe is based on my sex, race, age, creed, disability, or national origin. If I am dissatisfied with any decision or action taken by the division based on other reasons than discrimination, I have the right to request for a review within 90 days of such decision or action, through Mediation or Fair Hearing. The Client Assistance Program is available should I need assistance or advice in working with the division.

The division has a need to collect personal information about me to determine my eligibility for services as authorized by the Rehabilitation Act as amended, and that all information about me will be kept confidential. I understand that providing this information is voluntary on my part, but that the division may be unable to serve me without the requested information.

I understand that in order for the division to determine my eligibility for services and when necessary to provide me with rehabilitation services, the requested information may be routinely released, without my written informed consent, to physicians, psychologists, therapists, nurses, clinics, hospitals, public agencies, schools and other training institutions or programs, employers, and other private, non-profit agencies serving person with disabilities, and that such information shall otherwise be kept confidential and not released for any other purposes than for administering my vocational rehabilitation program, without my written informed consent.

I understand the purpose of receiving vocational rehabilitation services is to enable me to obtain or retain employment. I understand that I must be available to take part in the assessment process and be determined eligible before I can receive any services that I require. With this application, I am applying for vocational rehabilitation services because I want to work.

Verification of Accuracy

I declare that the information provided on this Application for Vocational Rehabilitation Services is true and accurate. I agree to meet with a Qualified Vocational Rehabilitation Specialist for an Intake Interview to complete the application process.

Signature _____ Date _____

Legal Representative (If applicable)

Name _____ Relationship _____

City _____ State/Zip _____ County _____

Phone Number _____ E-mail Address _____

Assisted applicant with completion of this form Yes No

Signature _____ Date _____

For Division of Vocational Rehabilitation Use Only

Referral Date (date entered in AWARE) _____

Referral Source _____

Referral Received By _____

Application Date (date entered in AWARE) _____

Application Received By _____

Intake Interview Date _____

VRS Assigned _____

Section _____

Case Status _____

PE Case New Active Closed

VR Case New Active Closed

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 (Honolulu) 707 Richards St, #500 Honolulu, HI 96813 Ph: (808) 586-4824 (V/T) Fax: (808) 586-5766	O'ahu Branch (Kapolei) 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) 586-5388
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) 327-4784	