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13. RACE AND ETHNICITY Providing this information is not necessary to receive DVR services. The federal government requires that VR agencies maintain race / ethnicity information for data purposes only. If you choose not to disclose this information, DVR must specify your race / ethnicity. All agencies that receive federal funds must report race / ethnicity data either by a customer's self-report or by staff observations. The federal Office of Management and Budget (OMB) Statistical Policy Directive No. 15, "Race and Ethnicity Standards for Federal Statistics and Administrative Reporting," is the basis for the options below. Ethnicity: If Hispanic / Latino, please check the appropriate box(es) below: Not Hispanic / Latino Mexican American Did not self-identify Other (please specify): Race: Please check the appropriate box(es) below regarding your race / ethnicity. American Indian / Alaska Native; if checked, please list Tribe / Community Attachment: Guamanian Black / African American Cambodian Chinese Hawaiian Indian (Southeast Asian) Korean Laotian Samoan Thai Vietnamese Japanese White / European American	Race and Ethnicity Information					
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	Other (please specify):		Do not wish to di	sclose Not reported		

Referral Information 14. Who referred you to DVR? If you were not referred, please select "Self Referral." Self Referral 14(c) Certificate Holder Juvenile Rehabilitation Youth Adult Education or Literacy Program Medical Health Provider American Indian VR Services Program Mental Health Provider Center for Independent Living Other One-Stop Partner Child Protective Services Other State Agency Community Rehabilitation Program Other State VR Agency Community Services Division Other WIOA Program (e.g. JobCorps, YouthBuild) Consumer Organization or Advocacy Group Social Security Administration Dept. of Labor Employment and Training Program Temporary Assistance for Needy Families (TANF) - CSD
Self Referral Juvenile Rehabilitation Youth 14(c) Certificate Holder Juvenile Rehabilitation Youth Adult Education or Literacy Program Medical Health Provider American Indian VR Services Program Mental Health Provider Center for Independent Living Other One-Stop Partner Child Protective Services Other State Agency Community Rehabilitation Program Other VIOA Program (e.g. JobCorps, YouthBuild) Community Services Office Public Housing Authority Consumer Organization or Advocacy Group Social Security Administration Dept. of Labor Employment and Training Program Temporary Assistance for Needy Families (TANF) - CSD
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Dept. of Labor Employment and Training Program Temporary Assistance for Needy Families (TANF) - CSD
Educational Institution (High School)
Educational Institution (Post-Secondary / College) Veteran's Health Administration
Employer WA State Department of Corrections
Extended Employment Provider Wagner-Peyser Employment Service Program
☐ Faith Based Organization ☐ Welfare Agency (DSHS)
□ Family / Friend □ Workers Compensation
☐ Foster Youth ☐ Other Source
Intellectual / Developmental Disabilities Provider
Financial Support Information
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15. Do you receive public financial support? If so, what is the approximate monthly amount you receive from each source?
Social Security Disability Insurance (SSDI)
Temporary Assistance for Needy Families (TANF) Amount: \$
Employment Security (Unemployment Benefits) Amount: \$
Supplemental Security Income (SSI) for the Aged, Blind, or Disabled Amount: \$
Veteran's Disability Benefits Amount: \$
General Assistance (state or local) Amount: \$
Total Amount: \$
Medical Information
16. Do you have any medial insurance coverage at the time of this application?
Medicaid Private insurance through other source
Medicare Not yet eligible for private insurance through current employer
Affordable Care Act Exchange but will be eligible after a certain period of time.
LLL Duivete in sume new flensumle sume suscellation — LLL bally delved also such lesus as all a d'un unemper e successes a
Private insurance through own employer Individual does not have medical insurance coverage.
Dublic insurance from other sources (Worker's Compensation, Children's Health Insurance Program, etc.)
Dublic insurance from other sources (Worker's Compensation, Children's Health Insurance Program, etc.)
 Public insurance from other sources (Worker's Compensation, Children's Health Insurance Program, etc.) Veteran Status Information

Required Disclosures and Consent

18. REQUIRED DISCLOSURES AND CONSENT

I hereby apply to the Division of Vocational Rehabilitation (DVR) for services that will enable me to achieve an employment outcome. I understand that consistent with Title VI of the Civil Rights Act of 1964, as amended and Washington State Laws, against discrimination, the Washington State Department of Social and Health Services prohibits discrimination based on race, color, creed, religion, national origin, age, sex, presence of any sensory, mental or physical disability, use of a trained dog guide or service animal by a person with a disability, sexual orientation, honorably discharged veteran, disabled veteran, Vietnam Era veteran, recently separated veteran, other protected veteran or military status, or status as a mother breastfeeding her child.

I have received the "Your Rights as a DVR Customer" brochure, and/or the URL to the brochure online, and I understand that if I experience discrimination at DVR, I can follow the complaint process outlined in the brochure.

I understand that DVR may obtain personal information from state and federal agencies to verify my benefits, earnings and income from employment or self-employment. The authority under which the information is collected includes WAC 388-891A-0103, 34 CFR 361.38 (Code of Federal Regulations), and RCW 50.13.060 for Employment Security, and RCW 82.32.330 for Department of Revenue.

I have received information about the Client Assistance Program and their services were explained to me. I also understand that, in accordance with WAC 388-891A-0215, if at any time I am dissatisfied with any decision made by DVR, I have the right to contact the Client Assistance Program, request mediation, and request a formal hearing.

I understand that a DVR counselor must determine whether or not I am eligible for Vocational Rehabilitation Services. An assessment may be needed to determine eligibility and I am available to participate in that assessment.

I understand that although DVR is not an entity covered by the Health Information Portability and Accountability Act (HIPAA), DVR will keep my personal information confidential as described in WACs 388-891A-0130, 388-891A-0135, and 388-891A-0150

I authorize DVR to obtain and disclose the required information to DSHS client registry system. This information includes: Name; social security number; birth date; gender; ethnic background; current treatment agency / facility; and DSHS program involvement

My signature indicates that I have read and understand the information on this	form.
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I am authorized to sign because I am the: 🗌 Applicant 🛛 Legal Guardian 🗌 Parent of a Minor				
PRINTED NAME IF NOT APPLICANT				
To be Completed by Division of Vocational Rehabilitation Staff				
DATE COMPLETED APPLICATION RECEIVED				