MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF LEARNING SERVICES — OFFICE OF ADULT LEARNING AND REHABILITATION SERVICES
VOCATIONAL REHABILITATION

VOCATIONAL REHABILITATION REFERRAL INFORMATION

INSTRUCTIONS

Please return this form to your Vocational Rehabilitation (VR) counselor or local district office. For additional information regarding Missouri Vocational Rehabilitation, please visit: https://dese.mo.gov/adult-learning-rehabilitation-services.

If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services.

SECTION I: REFERRAL INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME

NAME YOU PREFER TO GO BY	PREFERRED PRONOUN	GENDER ☐ Male ☐ Female ☐ Nonbinary other gender ☐ Do not wish to identify	DATE OF BIRTH

MAILING ADDRESS	CITY	STATE	ZIP CODE

SOCIAL SECURITY NUMBER	PHONE NUMBER	EMAIL ADDRESS

RACE (MARK ALL THAT APPLY) ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Do not wish to self-identify	ETHNICITY ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

DO YOU HAVE A GUARDIAN? ☐YES ☐NO	NAME OF GUARDIAN	GUARDIAN'S PHONE NUMBER

WHO REFERRED YOU TO VR?

SECTION II: DISABILITY INFORMATION

PRIMARY DISABILITY

SSI RECIPIENT ☐ YES ☐ NO
SSDI RECIPIENT ☐ YES ☐ NO

MEDICAL PROFESSIONAL FAMILIAR WITH YOUR DISABILITY	PHONE NUMBER

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MEDICAL PROFESSIONAL FAMILIAR WITH YOUR DISABILITY	PHONE NUMBER

SECTION III: CONTACTS

CONTACT	RELATIONSHIP	PHONE	EMAIL ADDRESS

ADDRESS	CITY	STATE	ZIP CODE

OTHER COMMENTS

Include if available:
1. Proof of disability (Medical/Educational/Support plan records)
2. Release of Information
3. Work Experience Documentation/Supports

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