

Thank you for your interest in DiscoverABILITY and Vocational Rehabilitation. Please follow these instructions so we can help with your application process.

**Return Your Application Directly to DiscoverABILITY:**

1. Complete the standard Referral to Vocational Rehabilitation application on the following page.
2. Provide as much information as possible requested on the application.
3. Return your completed application to DiscoverABILITY via the ONE OF THE following methods:
  - a. Download and email the application to: [info@discoverability.org](mailto:info@discoverability.org)
  - b. Print and mail the completed application to: 1027 Sligh Blvd, Orlando, FL 32806
  - c. Fax the completed application to: 407.894.5490

**Return Your Application Directly to Vocational Rehabilitation:**

1. Visit [www.rehabworks.org](http://www.rehabworks.org), click on “About Us”, then select “VR Office Directory”.
  - a. From there, select the area on the map representing your county of residency.
  - b. Select the VR Office closest to you for contact information.
2. Or, call toll free 800.451.4327 for further assistance.

## Referral to Vocational Rehabilitation

The Florida Department of Education, Division of Vocational Rehabilitation (VR) is here to help eligible individuals with physical and mental disabilities to find, keep or get a better job. Please complete this page and mail or turn in the referral to the nearest VR office. For a list of offices, go to the [VR Website](#) and click on "Contact Us." Then select "Directory of Local VR Offices and Vendors;" or call toll free (800)-451-4327.

Date of Referral \_\_\_\_\_

<b>Name of Individual (Please Print)</b>		<b>Date of Birth</b>		<b>Social Security Number</b>	
<b>Address (Home)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Address (Mailing)</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Telephone Number</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell			<b>Additional Contact Name</b>		
<b>Additional Contact Phone Number</b>			<b>Additional Contact Email</b>		
<b>What is the best method of contact? (Select one)</b>					
<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Other (specify) _____					
<b>Can VR leave a message at the number listed above?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Does not wish to disclose or self-identify					
<b>Email Address</b>			<b>Have you ever received services from VR?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Education Level</b>					
<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
<b>Ethnicity</b>					
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Does not wish to disclose or self-identify					
<b>Race (Check all that apply)</b>					
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> White		<input type="checkbox"/> Does not wish to disclose or self-identify	
<b>Accommodations</b>					
Do you require an Interpreter?		<input type="checkbox"/> Yes, ASL		<input type="checkbox"/> Yes other, specify language:	
Do you require translated documents		<input type="checkbox"/> Yes			
Do you require an assistive listening device?		<input type="checkbox"/> Yes			
Do you require any other accommodations for your impairment?				<input type="checkbox"/> Yes    If so, please explain:	
<b>What impairment prevents you from working?</b>					
<b>How can VR help you become employed?</b>					
<b>How did you hear about us?</b> DiscoverABILITY					
<b>Agency/Vendor/School:</b> DiscoverABILITY		<b>Contact Person:</b> Patrick Scott		<b>Phone #:</b> 407-894-5051	

For Office Use Only	Received Date : _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Mail	<input type="checkbox"/> In Person	<input type="checkbox"/> Fax
	Contact Date: _____	Contacted by: _____	<input type="checkbox"/> Phone	<input type="checkbox"/> Letter	<input type="checkbox"/> In Person
	Orientation Scheduled: _____	Date: _____	<input type="checkbox"/> Group	<input type="checkbox"/> Individual	<input type="checkbox"/> Video
	Additional Notes: _____				
	<b>Outcome of Referral</b>		<input type="checkbox"/> Completed Application	<input type="checkbox"/> Decided not to apply	<input type="checkbox"/> Missed Orientation
		<input type="checkbox"/> Completed Orientation	<input type="checkbox"/> Other _____		

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of federal grant funds awarded were \$153,000,001. The remaining 21.3 percent of the costs (\$41,409,148) were funded by Florida State Appropriations. (11/2020)