ACCES-VR High School Applicant Supplemental Data

Name: **Date of Birth:**

Referral Information ***to be completed by person making referral***

Referral must include **one** of the following:	Current IEP and psychological report ☐	Current 504 Plan and supporting documents ☐	Current Physician Report with diagnosis ☐

CSE Classification, 504 or Medical Diagnosis: _____

Grade Most Recently Completed: _____ Expected Year of School Completion: _____

Type of Degree/Certificate Anticipated: ☐ Regents ☐ Local ☐ CDOS ☐ Skills & Achievement

Name of person making referral: _____ Title: _____

Email Contact: _____ Phone Number: _____

School District Student Resides In: _____

Complete Section Below: OPTIONAL

Can Choose To Complete With ACCES-VR Counselor At First Meeting

Health, Residence & Work Questionnaire: To Be Completed By Student And Parent/Guardian

Do you have or have you ever had any of the following conditions?

☐ Intellectual Disability	☐ Speech Problems	☐ Ulcers/Colitis	☐ Vision Problems
☐ Head Injury	☐ Kidney Disease	☐ Hearing Problems	☐ Cerebral Palsy
☐ High Blood Pressure	☐ Orthopedic Limitations	☐ Multiple Sclerosis	☐ Seizure Disorder
☐ Mental Illness	☐ Muscular Dystrophy	☐ Cancer	☐ Drug/Alcohol Abuse
☐ Diabetes	☐ Learning Disability	☐ Allergies/Asthma	☐ Stroke
☐ HIV Related Disease	☐ Heart Disease	☐ Arthritis	☐ Skin Disease/Rash
☐ Respiratory/Lung Disorder	☐ Other: _____		

If you checked any of the above, please describe how it might affect vocational training or your ability to work:

_____

_____

Living Arrangements at Application:

☐ Private Residence ☐ Community Residence ☐ Mental Health Facility ☐ Correctional Facility

☐ Halfway House ☐ Homeless ☐ Substance Abuse Treatment Facility ☐ Other

Work Status at Application:

☐ Employed with a job coach ☐ Employed on my own ☐ Not presently employed

Medical Insurance at Application:

☐ Medicaid ☐ Medicare ☐ Other Private ☐ Private Through Employment ☐ Workers Compensation ☐ None

Can you work full time upon school completion? ☐ Yes ☐ No

If you answered "No", how many hours a day do you feel you can work? _____