## ACCES-VR High School Applicant Supplemental Data

**Referral Information**

<table>
<thead>
<tr>
<th>Referral must include one of the following:</th>
<th>Current IEP and psychological report</th>
<th>Current 504 Plan and supporting documents</th>
<th>Current Physician Report with diagnosis</th>
</tr>
</thead>
</table>

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? _________________