

Vocational Rehabilitation Intake Questionnaire

Client Name: _____

Date: _____

PART I – DISCUSS

- A. Previous Case w/ VR? Yes _____ No _____ Closed: _____ Reason: _____
- B. Confidentiality and Informed Consent
- C. Rights and Responsibilities
- D. Eligibility
- E. About VR Pamphlet
- F. Who referred you to VR? _____

PART II – DOCUMENTATION RELATED TO DISABILITY

- A. Is documentation available? _____
- B. Disability: _____

- C. Disability: _____

- D. Mental Health History:
 - 1. Ever received counseling/treatment? _____
 - 2. Would you agree to receive assistance with restoration of your disability? Y / N
If not, why? _____
 - 3. Is psychological evaluation warranted? Y / N
- E. Medical History:
 - 1. Have you ever been hospitalized? Y / N
 - 2. Results in permanent disability? Y / N
 - 3. Where and for how long? _____

Is a medical evaluation with a physician warranted? _____ Yes _____ No

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Obtain Medical Records

Is staffing with a medical consultant needed? ____ Yes ____ No

F. Are you currently under the care of a physician? ____ Yes ____ No

1. Physician Name: _____

Address: _____

Phone Number: _____

2. Physician Name: _____

Address: _____

Phone Number: _____

G. Are you currently taking medications? If yes, please list:

Medication

Taken for

H. Have you had a traumatic brain injury? Explore. Physical fights, motorcycle accident, etc. _____

I. Have you ever applied for Social Security Benefits? ____ Yes ____ No

If yes, when? _____

Were medical records submitted? ____ Yes ____ No If yes, obtain an ROI

Presumed eligibility? ____ Yes ____ No

Ticket to work _____

PART III – EMPLOYMENT INFORMATION

A. Are you presently working/In the past? _____

B. Were you terminated/resigned/laid off/furlough/end of season/quit?? _____

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C. Employment History

Job	Date(s)	Barriers/Impediments	Result

History of Absences/conflicts with supervisors/co-workers? Yes _____ No _____

Additional Information: _____

D. What are your goals for employment?

Short Term: _____

Long Term: _____

How does your disability affect your goals? _____

What are your hobbies and interests? _____

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How do your hobbies relate to the jobs that you would like to have? (Transferable skills):

How do your previous jobs relate to the jobs that you would like to have? (Transferable skills):

PART IV – CLIENT HISTORY

A. Family History

- a. Where is your family: _____
- b. Are they supportive: _____
- c. History of disabilities or mental illness: _____

B. Education

- a. Speech or language barriers? _____
- b. Learning disabilities? _____
- c. What is the highest grade completed? _____

GED Yes / No

High School: _____

College/Vocational School: _____

PART V – ADDITIONAL INFORMATION ABOUT THE CLIENT

1. Do you have a criminal convictions/history? Is it State/Tribal/Federal?

2. Charges? _____

3. Is the Consumer on parole/probation? ____ Yes ____ No

4. Any Fines? Specific Stipulations we should know to assist you? _____

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5. Served a jail sentence? ____ Yes ____ No

6. If yes, when? _____

7. Substance abuse/dependence? ____ Yes ____ No

When did it begin? _____

Which substance(s)? _____

How do you view your use of these substances? _____

Date of last use? _____

8. Enrolled in:

____ Cognitive Self change ____ Alcoholics Anonymous

____ Transitions Group ____ Substance Abuse Counseling

____ Other: _____

9. Services Needed:

____ Vocational guidance/counseling ____ Restoration of disability

____ Training ____ Clothing

____ Medication ____ Transportation

____ Tools ____ Other

10. Diagnostic Authorizations:

____ Psychological evaluations ____ Medication evaluation

____ Hearing evaluation ____ Bus pass

____ Other

PART VI – CONCLUSION OF INTERVIEW

A. Would you like to complete an application? Yes / No

B. Paperwork to be completed:

____ Rights and Responsibilities

____ Consent forms (ROI, Similar benefits, functional capacities, income, confirmation of disability, etc.)

C. _____ Give CAP brochure