MDRS-VR-05
R 7/23/20

MDRS | MISSISSIPPI DEPARTMENT OF REHABILITATION SERVICES
Opportunities for Independence

OVR/OVRB Referral Information Form

IMPORTANT INFORMATION FOR PEOPLE WITH A DISABILITY WHO WANT TO WORK

The MDRS Vocational Rehabilitation program helps individuals with all types of disabilities prepare for, find, keep and advance in a job. Eligibility for services are determined on an individualized basis.

You may refer yourself or an individual with a disability who wants to work. Give the information on this form to your local MDRS OVR/OVRB office by: mail, phone, fax or e-mail message. Each field with an asterisk is a required field and must be completed.

To locate the field office nearest you, call us toll-free at 1-800-443-1000 or visit our website at www.mdrs.ms.gov and click on "Location Finder".

1. RECORD INFORMATION ABOUT THE INDIVIDUAL BEING REFERRED TO OVR/OVRB

SSN:	Date of Birth*:	◯ Male* ◯ Female*
Last Name*:	First Name*:	Middle Name:

Mailing Address: County*:

Daytime Phone Number*: ◯ Phone ◯ TTY ◯ Fax ◯ Cell Phone

Alternate Phone Number: ◯ Phone ◯ TTY ◯ Fax ◯ Cell Phone

Email Address:

Name of Parent/Guardian: *(if under 18)* Phone Number:

Primary Disability*:	Secondary Disability:	Other Disability:

Do you have medical documentation or see a professional for the disabilities reported? ◯ Yes ◯ No

If yes, please provide the name and contact information for the professional:

High School at Referral: ☐ N/A

Benefits: ☐ SSI ☐ SSDI ☐ Waiver ☐ Medicaid ☐ Medicare

DIAGNOSTIC QUESTIONS:

Do you have a high school diploma or equivalency (passed GED, HISET, TASC, etc.)? ◯ Yes ◯ No

Do you have difficulty with any of the following, such that it is difficult for you to get or keep a job? ◯ Yes ◯ No

a) Seeing; b) Hearing; c) Talking; d) Using your hands; e) Getting around (mobility); f) Interacting with others; g) Learning; or h) Thinking.

Are you the parent or caretaker of a child under the age of 18, living in your home?

AND

Is at least one parent of that child absent from your home, disabled or unemployed? ◯ Yes ◯ No

Do you need help buying food for your household? ◯ Yes ◯ No | Are you working? ◯ Yes ◯ No

Are you 16-24 years old, not attending K-12 school or college, and need assistance with furthering your education or getting a job? ◯ Yes ◯ No

Continued, Individual Referred: _____

WORK HISTORY:

Most recent employer:

Job title: Hours Worked Per Week:

Were you: ◯ Fired ◯ Laid-off ◯ Quit ◯ Still working there

If not currently working, have you been actively seeking a job? ◯ Yes ◯ No

If yes, for how many weeks have you been actively seeking a job?

INSURANCE:

Do you currently have medical insurance? ◯ Yes ◯ No

If yes, name of insurance provider:

If no, have you applied for insurance under the Affordable Health Care Act? ◯ Yes ◯ No

What assistance are you seeking from OVR/OVRB? How can we help you obtain or maintain employment?

2. INFORMATION ABOUT THE SOURCE MAKING THE REFERRAL TO OVR/OVRB

Referral Source:

- ◯ 14(c) Certificate Holders (pays sub-minimum wage)
- ◯ 1915i/SE REFERRALS ONLY
- ◯ Adult Education and Literacy Programs
- ◯ American Indian VR Services Program
- ◯ Centers for Independent Living
- ◯ Child Protective Services
- ◯ Coalition for Citizens with Disabilities
- ◯ Community Rehabilitation Program (CRP)
- ◯ Consumer Organizations or Advocacy Groups
- ◯ DOL Employment and Training Service Programs
- ◯ Educational Institutions (Elementary/Secondary)
- ◯ Educational Institutions (Postsecondary)
- ◯ Employers
- ◯ Extended Employment Providers
- ◯ Faith Based Organizations
- ◯ Family/Friends/Other Individual
- ◯ ID/DD Waiver/SE REFERRALS ONLY
- ◯ Intellectual & Development Disabilities Provider
- ◯ Legislator
- ◯ Living Independence for Everyone (LIFE)
- ◯ MDRS
- ◯ Medical Health Provider (Public or Private)
- ◯ Mental Health Provider (Public or Private)
- ◯ Mississippi State Hospital
- ◯ Nursing Home/Long-term Care facility
- ◯ Other One-stop Partner
- ◯ Other Sources Not Listed Elsewhere
- ◯ Other State Agencies
- ◯ Other VR State Agencies
- ◯ Other WIOA-funded Programs
- ◯ Public Housing Authority
- ◯ School for Persons with Physical/Mental Disabilities
- ◯ Self-referral
- ◯ SSA (DDS or District Office)
- ◯ State Dept of Corrections/Juvenile Justice
- ◯ State Employment Service (Wagner-Peyser)
- ◯ Temporary Assistance for Needy Families (TANF)
- ◯ TV/Radio/Internet/Other Media
- ◯ Veterans Benefits Administration (includes VA VR)
- ◯ Veterans Health Administration
- ◯ Welfare Agency (State or local government)
- ◯ Workers' Compensation Agency

REFERRAL SOURCE DETAIL:

Organization Name, if any:

Name: | Job Title:

Daytime Phone Number: ◯ Phone ◯ TTY ◯ Fax ◯ Cell Phone

Email Address:

3. FOR OVR/OVRB USE ONLY

VR District/VRB Region Assigned | Caseload Assigned

Referral Taken By: | Date:

* *Denotes required fields*