pennsylvania
DEPARTMENT OF LABOR & INDUSTRY

OFFICE OF VOCATIONAL REHABILITATION

General Information

The Office of Vocational Rehabilitation (OVR) is a state agency that helps *eligible* individuals with disabilities prepare for, get or keep a job. The focus is on competitive employment, which is a job in an integrated setting, earning at least minimum wage. All services are contingent upon the availability of funds.

Participating in the OVR Process

The OVR Process
- → Referral (application)
- → Initial Interview
- → Eligibility Determination
- → Development of an Individualized Plan for Employment (IPE)
- → Services available through OVR
- → Successful competitive employment and case closure

Referring Students

Any student with a disability, who may need vocational guidance and assistance in preparing for, obtaining, or maintaining competitive employment should be considered for a referral to OVR. This includes students who have an Individualized Education Program (IEP) under the Individuals with Disabilities Education Improvement Act (IDEA), students who have a Section 504 plan under the Rehabilitation Act, and any other students with disabilities who may or may not require specialized services in school. **Ideally, students should be referred two years prior to graduation, although referral can be made earlier when appropriate.** A referral to OVR can be made by anyone, including the student, a family member or school personnel. However, for students under 18, permission from the student's parent or guardian must be obtained before information can be released to OVR. **To refer a student, an application can be requested at the student's IEP meeting or by calling the OVR office at 610-821-6441 and request an application be mailed to the student's home address.** The student should complete the application and either mail it to the OVR office or give the application to their teacher who can mail it for them.

After a Referral Is Made

Once the student's application for OVR services has been received, it is given to a supervisor who will assign the student to a vocational rehabilitation counselor.

The Initial Interview

Following the referral, an OVR Counselor will contact the student to schedule an initial interview. During the interview, the student should expect to discuss their disability and how it may affect his or her ability to work. The student will be asked to sign release of confidential information forms for the counselor to request their educational and/or medical records in order to determine their eligibility for OVR services.

Determining Eligibility

Since OVR's program is based on eligibility for services and is not an entitlement to services, a student must be determined eligible by an OVR counselor. First, the Counselor must determine that the student has a disability. The Counselor must also determine that the student's disability substantially interferes with his or her ability to prepare for, get or keep a job. Finally, there must be a demonstrated need for OVR services in order for the student to successfully pursue or retain employment.
Only an OVR counselor, who has special training and experience, can determine if a student is eligible for OVR services. Existing records (medical, psychological, vocational, etc.), staff observations and a student's self evaluation will provide the necessary documentation and help the OVR counselor make an eligibility determination.

Financial Need

The financial needs test determines to what extent the student may be required to contribute toward the cost of certain OVR services, based on financial need. These services will be outlined in the IPE. However, diagnostic and evaluation services, vocational counseling and guidance are always provided without regard to the student's or family income.

Individual Plan for Employment

The cornerstone of the OVR process is the vocational counseling and guidance provided by an OVR counselor. After the student is determined to be eligible, he/she will work closely with an OVR counselor to clearly define an employment goal and jointly develop an IPE. The IPE is designed by the student and the OVR

counselor to meet his/her unique vocational strengths and needs. The student's interests, strengths, and abilities guide the IPE development. The IPE and the IEP from school should be complimentary, ensuring there is a unified plan for employment for the student. The services provided and the length of time from OVR referral to successful employment will vary widely depending on the content of the IPE and the unique circumstances of each student.

Services available through OVR

→ Diagnostic services
~These services may be provided if a student is in need of an evaluation to provide a diagnosis or other medical assessment as needed to help the customer reach their specific job goal. The student's medical insurance would always be utilized first.

→ Vocational Counseling and Guidance
~ This is a core services that is provided to all customers to help them determine an appropriate job goal and the services needed to reach that goal.

→ Restoration services
~ Helping the customer to access physical or mental restoration services through health insurance or community resources.

→ Assistive Technology
~ Provide an assistive technology evaluation to determine what is needed to help the customer reach their specific job goal and possibly provide the recommended equipment.

→ Vocational Evaluation
~A vocational evaluation can include testing of academic achievement levels, work aptitudes and abilities, vocational interests, and work attitudes and personality characteristics. All of the testing is used to match a student's vocational interests to their abilities, assisting them in determining a vocational goal.

→ Community Based Work Assessment (CBWA)
~A CBWA is a vocational assessment of individual's vocational abilities, behaviors and preferences in a competitive, integrated work environment, using one to one job coaching. It is real work at actual jobs and actual work sites for the purpose of vocational planning. It is sometimes called situational assessment, ecological assessment, trial-work period, and functional assessment. This is helpful to the customer to determine what type of jobs they like to do and it is helpful to the job coach in determining what type of support the person will need to obtain competitive employment.

→ Job Coaching
~ After an assessment is completed, the student, job coach, and OVR counselor meet to discuss the results of the community based

work assessment (CBWA) and the job coach will give their impression if the customer possesses the skills to work at a competitive level and what supports are needed to reach their vocational goal. At this time, other aspects of work are also discussed such as transportation needs, interviewing skills, and job development. OVR does not have certain jobs that customers are placed into. A job coach will help a customer to pursue employment opportunities in the community with support. When a customer has obtained employment, they receive intensive coaching in the beginning, then the coach will fade away and the customer will be independent on the job after 90 days. 'Follow along' job coaching is a service designed to ensure a customer maintains employment and typically consists of a job coach monitoring how the job is going after the 90 day job coaching period. 'Follow along' job coaching is not typically provided by OVR. Customer's who are eligible for county services, such as MHMR or ODP, must utilize those funds to provide this service. Please contact the student's county supports coordinator to determine if they will have this type of funding. A student can register by calling Lehigh County Office of Adult Services at 610-782-3200 and ask to schedule an intake interview. If a student is eligible for county services (MHMR), and have not registered, they may be required to wait for OVR to provide job coaching services until county funding is available for follow along to ensure job retention.

→ Training

~ OVR can provide financial aid to customer's who meet the financial need requirements. A student may choose to attend any accredited university, college, or trade school that provides training that will lead to the student reaching their vocational goal and obtaining competitive employment. OVR can also help a student to access services at the school or in the community to assist in applying to college and accessing help or accommodations.

Successful Competitive Employment and Case Closure

The goal of receiving OVR services is for the student to obtain and maintain competitive employment. When a student has achieved this goal, he/she will be working in an integrated setting earning at least minimum wage. OVR services will end when a student achieves his/her vocational goal and is successfully employed for at least 90 days.

Upon completion of OVR services, a student's OVR case will be closed. However, if necessary, OVR services may be available after a case is closed. A person may reapply for services at any time they may need assistance in obtaining or retaining a job.

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OFFICE OF VOCATIONAL REHABILITATION

Dear Applicant,

This is your Employment Planning Application for the Office of Vocational Rehabilitation. Please read carefully.

Please complete and return the attached Employment Planning Application. Please complete all sections of the application to the best of your ability or contact our office if you need assistance. Return the attached application in the envelope provided (no postage is needed). If it is more convenient, you can complete the application online at www.cwds.state.pa.us.

After we receive your completed application, a Vocational Rehabilitation Counselor will contact you.

WHAT YOU SHOULD KNOW BEFORE YOU APPLY:

The Pennsylvania Office of Vocational Rehabilitation (OVR) is a state agency. Its mission statement is:

To assist Pennsylvanians with disabilities to secure and maintain employment and independence.

You should apply if:

1. You have a disability
2. Your disability causes you substantial problems in preparing for, getting, or maintaining employment, and
3. You want to work

The core services provided by OVR are vocational counseling and guidance and job placement assistance. Other services and options will be described by your Vocational Rehabilitation Counselor and will be provided only if required to achieve an employment outcome.

During your first meeting with a Vocational Rehabilitation Counselor you will receive an OVR Handbook and Client Assistance Program brochure.

There is no charge for counseling and placement services. Based upon a Financial Needs Test, you may have to contribute to the cost of other services.

Sincerely,

Office of Vocational Rehabilitation

Si necesita ayuda para llenar esta solicitud favor de llamar nuestra oficina

PLEASE KEEP THIS LETTER FOR YOUR RECORDS

Rev. ADO 2/28/14

OVR

OFFICE OF VOCATIONAL REHABILITATION

PLEASE COMPLETE TO THE BEST OF YOUR ABILITY

EMPLOYMENT PLANNING APPLICATION

Personal Data

Name: First _____ **Middle Initial**_____ **Last**_____

Maiden name or other under which records may be listed _____

Social Security Number _____ **Date of Birth** _____ **Age**_____

CWDS Participant ID number (if known) _____

Citizenship Status: (please circle) U.S. Citizen Non U.S. Citizen

Permanent Alien Temporary Alien Refugee Illegal Alien Unknown

Are you legal to work in the U.S.: (Please circle) YES NO

Ethnicity: Hispanic/Latino (Please circle) YES NO

Race: (Please circle) American Indian/Alaskan Native Asian Black/African American

Hawaiian Native/Other Pacific Islander White Do not wish to disclose

Gender: (please circle) Male Female

Highest Level of Education Completed: _____

Are you a Veteran: (please circle) YES NO **Are you the spouse of a Veteran**: YES NO

Home (Location) Address:

Address _____ Apt _____

City _____ State_____ Zip Code _____

County _____

Mailing Address: Same as above ☐

Address _____ Apt_____

City _____ State_____ Zip Code _____

County _____

Contact Information:

Home Phone _____ Cell Phone _____ Work Phone _____

Fax Number_____ Email _____

Preferred Contact Method: (please circle one)

Home Address Mailing Address Home Phone Cell Phone Fax Number Email

Language Preference: (please circle) English Spanish Other _____

Do you need an interpreter: Yes_____ No_____ If yes, specify: _____

Who referred you to OVR: _____

Why were you referred to OVR: _____

Voter Registration **(to be completed by OVR counselor)**:
- ☐ Application Mailed/Delivered – Client
- ☐ Application Mailed/Delivered – Agency
- ☐ Declined to apply – already registered
- ☐ Declined to apply for registration

Emergency Contact:

Name _____ Relationship _____

Phone _____

Detailed Profile

Highest Level of Education Completed: (to be completed by counselor)

- ☐No formal schooling
- ☐Elementary education (grades 1-8)
- ☐Secondary education, no high school diploma (grades 9-12)
- ☐Special education certificate of completion/diploma or in attendance
- ☐High school graduate or equivalency certificate (GED)
- ☐Post-secondary education, no degree or certificate
- ☐Post-secondary academic degree, Associate degree
- ☐Vocational/Technical Certificate
- ☐Bachelor's degree
- ☐Occupational credential beyond undergraduate degree work
- ☐Master's degree
- ☐Occupational credential beyond graduate work
- ☐Any degree above a Master's – e.g Ph.D., Ed.D., J.D.

Status of an Individual with a disability in secondary education at the initial application?

- ☐This individual is not a student with a disability in secondary education at the time of application.
- ☐This individual is a student who is covered by Section 504 of the Rehabilitation Act at the time of application.
- ☐This individual is a student and is receiving services under an IEP at the time of application.
- ☐This individual is a student with a disability who is not covered by Section 504 of the Rehabilitation Act and is not receiving services under an IEP at the time of application.

HIGH SCHOOL

School Name _____ Last grade completed _____ Date _____

If you did not complete high school, have you earned a GED: YES ____ NO _____

Why did you leave school:

_____

Were you in a learning support/emotional support program or special education program? YES ____ NO ____

Please list below other training (e.g. vo-tech, college, trade, technical, business, etc.)

Name and address of school	Course	From date-to-date	Type of training Degree/Certificate	Reason for Leaving

Employment Status: (to be completed by counselor)

- ☐ Employment without Supports in Integrated Setting
- ☐ Employment with Supports in Integrated Setting
- ☐ Extended Employment
- ☐ Not employed, student in secondary education
- ☐ Self-employment (except BEP)
- ☐ Unpaid Family Worker
- ☐ State Agency-managed Business Enterprise Program
- ☐ Not employed, Trainee, Intern, or Volunteer
- ☐ Homemaker
- ☐ Not employed, other
- ☐ Not employed, all other students

Weekly earnings: _____ Hours Worked/Week: _____

WORK HISTORY

Most Recent Employment:

Employer Name: _____ **Job Title**: _____

Address: _____ City: _____ State: _____

Date: (dd/mm/yyyy) From _____ to ___Salary: _____ Hours worked: _____

Part time/ Full time (circle one) Responsibilities: _____

How does your disability keep you from returning to this job: _____

Reason for Leaving: _____

Employer Name: _____ **Job Title**: _____

Address: _____ City: _____ State: _____

Date: (dd/mm/yyyy) From _____ to ___Salary: _____ Hours worked: _____

Part time/ Full time (circle one) Responsibilities: _____

How does your disability keep you from returning to this job: _____

Reason for Leaving: _____

Employer Name: _____ **Job Title**: _____

Address: _____ City: _____ State: _____

Date: (dd/mm/yyyy) From _____ to ___Salary: _____ Hours worked: _____

Part time/ Full time (circle one) Responsibilities: _____

How does your disability keep you from returning to this job: _____

Reason for Leaving: _____

ADDITIONAL WORK HISTORY INFORMATION:

Military Details

Branch of Service: _____ Type of Discharge: _____

Date of Entry: _____ Separation Date: _____

Household Composition

Family Size (number of dependents in your family including yourself): _____

People Living in the Household:

First and Last Name	Age	Relationship	Employer

Living Arrangements (to be completed by OVR counselor):

- ☐ Private residence
- ☐ Community Residential/Group Home
- ☐ Rehabilitation Facility
- ☐ Mental Health Facility
- ☐ Nursing Home
- ☐ Adult Correctional Facility
- ☐ Halfway House
- ☐ Substance Abuse Treatment
- ☐ Homeless
- ☐ Other

Application Detail

Financial (to be completed by OVR counselor):

Primary Income Source:

- ☐ Employment Earnings
- ☐ Personal Income (Interest, dividends, rent, retirement including social security)
- ☐ Family and friends
- ☐ Public Support (SSI, SSDI, TANF, etc.)
- ☐ All other sources (e.g. private disability insurance and private charities

Amount:

***Agency Involvement** (List any facilities, rehab programs or social/community agencies where you are or were receiving services)

Name of Agency	Service Received	Counselor/Case Manager	Phone Number

(For Counselor use)

Primary Agency Involvement:

Secondary Agency Involvement:

Additional Agency Involvement:

Disability Information

What is your disability: _____ Year of onset: _____

How does your disability interfere with working or maintaining your independence: _____

_____

_____

_____

_____

Does your doctor/therapist/psychiatrist support your desire to return to work: _____ YES _____ NO

What do you think OVR can do to help you get or keep a job or maintain your independence: _____

_____

_____

_____

_____

What jobs or careers interest you: _____

_____

_____

_____

_____

_____

_____

Impairment/Cause Code Combination (to be completed by OVR counselor)

Disability	Impairment Code	Cause Code	Onset	Comments

Severity Status:

☐ Most Significantly Disabled (MSD)
☐ Significantly Disabled (SD)
☐ Not Significantly Disabled (NSD)
☐ Undetermined (U)

Counselor has obtained Valid Photo ID _____ Yes _____ No

Legal Issues

Have you ever been convicted of a felony (please circle): YES NO

Have you ever been convicted of a misdemeanor (please circle): YES NO

If yes, what is your legal status now (please circle):

Probation Pending Work Release Community Corrections

Parole Other: _____

Name of probation or parole officer: _____

Phone # of probation or parole officer: _____

Drug and Alcohol Issues

Do you now or have you ever used alcohol or other drugs to the extent that it caused legal, personal, or employment problems (please circle): YES NO

If YES, please describe: _____

_____

How long have you used alcohol or other drugs: _____

What is your drug of choice: _____

When did you last use alcohol or other drugs: _____

What are you currently doing to maintain sobriety: _____

_____

_____

Transportation

Do you have a car (please circle): YES NO

Do you have a driver's license (please circle): YES NO

Have you ever been convicted of DUI (please circle): YES NO

Is public transportation available (please circle): YES NO

If yes, is it accessible (please circle): YES NO

Do you have other transportation available (please circle): YES NO

Alternate form of transportation: _____

MEDICAL INFORMATION

We need information about your physical and mental health status to help determine your eligibility & how your disability interferes with your ability to work/live independently. Answers to these questions help us obtain the documents that prove you have a disability. **Please bring any medical information or records you have to your initial interview.**

Doctor Name & Address	Doctor Type	Date of last Appt	Date of next Appt.	Reason for visit

Medications

Are you taking any medications? ____**YES** (If yes, please list below) ____**NO**

Medication Name	Type	Dosage	Reason	Side Effects

Medical Insurance

Type of Insurance	Insurance ID Number	Specify Carrier	Yes/No
Medicaid			
MA for workers with disabilities (MAWD)			
Medicare			
Private Insurance/Employment			
Private Insurance/other			
Worker Compensation			

Are you receiving disability payments from any other source: ____YES ____NO

If yes:

Name of Company paying these benefits: _____

Monthly amount received: $_____

Are you involved in any lawsuits related to your disability: ____YES ____NO

If yes, please explain:_____

_____

_____

Attorney information:

Name _____ Phone _____

Address _____

Do any of the following interfere with your ability to work/live independently?
(please check all that apply)

Sensory:

- ☐ Cooking safely and efficiently
- ☐ Dialing telephone numbers
- ☐ Fainting
- ☐ Hallucinations
- ☐ Hearing
- ☐ Housekeeping
- ☐ Identifying money
- ☐ Identifying the colors and condition of clothing
- ☐ Laundry
- ☐ Moving safely in various environments
- ☐ Reading (newspapers, phone book etc.)
- ☐ Seeing a clock or watch
- ☐ Seeing faces and recognizing people
- ☐ Seeing large objects
- ☐ Speaking
- ☐ Using appliances with numbers and dials
- ☐ Watching television
- ☐ Writing: (signature, writing checks, notes, etc.)

Physical Tolerance:

- ☐ Balancing
- ☐ Chest Pain
- ☐ Chronic cough
- ☐ Climbing stairs
- ☐ Digestion
- ☐ Energy/stamina
- ☐ Gynecological problems
- ☐ Kneeling
- ☐ Lifting/bending
- ☐ Numbness
- ☐ Reading typewritten material
- ☐ Shortness of breath
- ☐ Sitting
- ☐ Skin problems
- ☐ Sleeping
- ☐ Standing/waking/running
- ☐ Swelling hands/legs
- ☐ Weakness/pain in hands/arms
- ☐ Weakness/pain in legs/feet

Cognitive/Emotional:

- ☐ Concentrating
- ☐ Depression
- ☐ Enjoying hobbies
- ☐ Ever been unconscious
- ☐ Getting along with people
- ☐ Health maintenance
- ☐ Learning
- ☐ Nervousness (anxiety/panic)
- ☐ Reading/writing/math
- ☐ Remembering
- ☐ Stress tolerance

Have you ever had, or been told you have:

- ☐ Alcohol Problem
- ☐ Asthma or Lung Disease or Respiratory
- ☐ Blood Disease
- ☐ Cancer
- ☐ Developmental Disability
- ☐ Diabetes
- ☐ Drug problem
- ☐ Eating disorder function
- ☐ Gastrointestinal problems
- ☐ Heart trouble or cardiac/circulatory
- ☐ Hepatitis
- ☐ High Blood Pressure
- ☐ HIV/AIDS
- ☐ Kidney or urinary problem or end stage renal disease & Genitourinary System Disorders
- ☐ Mental Impairments
- ☐ Musculoskeletal: Arthritis, Rheumatism, Amputations, Fracture/ Injuries; which resulted in permanent loss/impairment of limb
- ☐ Other *
- ☐ Psychiatric or Emotional Disorder
- ☐ Tuberculosis

*Other_____

Do you use a cane, brace, wheelchair, hearing aid, low vision aid or other assistive device?
____YES ____NO If yes, explain:_____
Can you travel independently: ____YES ____NO If no, explain:_____
Visual Acuity if it affects your ability to work

OD (right eye)____ OS (left eye)_____
Visual Fields ___Normal ___Restricted ___20 degrees or less