pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF VOCATIONAL REHABILITATION

STAFF ASSISTED OVR PROGRAM REFERRAL INFORMATION

***First Name:** _____ ***Last Name:** _____

☐ New OVR Customer ☐ Previous OVR Customer

Social Security Number: _____ (not required, but should obtain for wage verification and reporting purposes)

***Date of Birth (MM/DD/YYYY):** _____

***Citizenship Status:** ☐ US Citizen ☐ Permanent Alien ☐ Temporary Alien ☐ Refugee ☐ Illegal Alien ☐ Non-US Citizen ☐ Unknown

***Gender:** ☐ Male ☐ Female ☐ Does not self-identify

Are you a student? ☐ Yes ☐ No If Yes: Name of High School:

Type of student: ☐ 504 ☐ IEP ☐ No IEP or 504 ☐ Post-Secondary Student

Anticipated Graduation Date: _____ **Veteran Status:** ☐ Yes ☐ No

***Location Address:** _____

_____

***County:** _____

***Mailing Address:** _____

_____

***County:** _____

Primary Phone: _____

Cell Phone: _____

Email: _____

***Preferred Correspondence Method:** ☐ *Email ☐ Mail **If Email is selected, Email required above.*

***Referral Date (MM/DD/YYYY):** _____

***Programs (select one):** ☐ OVR-BVRS ☐ OVR-BBVS-VR ☐ OVR-BBVS-IL ☐ OVR-BBVS-Specialized Services-Child ☐ OVR-BBVS-Specialized Services-Adult

***What is your disability?** _____

***Ethnicity:** ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Do not wish to disclose

***Race:** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian Native or Other Pacific Islander ☐ White ☐ Do not wish to disclose

Who referred you to OVR?

- ☐ 14C Certificate Holder
- ☐ Adult Education (Title II)
- ☐ Adult Dislocated Worker (Title I)
- ☐ American Indian VR
- ☐ Center for Independent Living
- ☐ Elementary/Secondary School
- ☐ Employer
- ☐ Extended Employment Provider
- ☐ Intellectual and Developmental Disability Agency
- ☐ Mental Health Provider
- ☐ Other American Job Center or Workforce Development Program
- ☐ Other Source
- ☐ PA Academic Career Technical Training (PACTT)
- ☐ Post-Secondary Education
- ☐ Self-referral, Friends, Family
- ☐ Service Provider
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Veteran's Benefits or Health System
- ☐ Wagner-Peyser Act Employment Service Program (Title III)
- ☐ Worker's Compensation

Referral completed by: _____