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*