STATE OF CALIFORNIA DEPARTMENT OF REHABILITATION

VOCATIONAL REHABILITATION SERVICES APPLICATION

DR 222 (REGS/Rev. 09/11)

Privacy Statement: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (5 USC 552a(e)(3)) require this notice to be provided to individuals when collecting personal information. The information requested on this form, including the Social Security Number, is necessary to properly identify the individual to ensure that the Department provides services to the correct individual. Failure to provide the information requested may result in delays in services. Department authority: Welfare & Institutions Code Sec. 19005, 19005.1, 19010.

Last Name	Other Name(s) Used	First Name	Middle Initial

Street Address	Mailing Address If Different

City	Zip Code	County

Phone Number	Social Security Number	Date of Birth	Age
Cell Phone Number	**Email**		

Please describe your physical or mental impairment that constitutes or results in a substantial impediment to employment.

_____

How can we help you?

_____

Who referred you?

Full name of person not in your home who will always know where you live:

Address	City	Phone Number	Relationship

RELEASE OF INFORMATION TO PROSPECTIVE EMPLOYERS:
I hereby authorize the Department of Rehabilitation to release information (except medical and psychological) to prospective employers for the purpose of assisting me in job placement. I understand that only information necessary to assist me in job placement will be released. This consent applies until such time as my case is closed or I specifically withdraw my consent.

☐ YES ☐ NO

ORIENTATION MATERIALS:
I have received & read my "Consumer Information Handbook" and have discussed with my Counselor the following concepts: Civil Rights, Eligibility Requirements, Informed Choice, Employment Outcome & Professional Development, Scope of Services, Confidentiality, Appeals Procedures, and the Client Assistance Program (CAP).
Initials: _____(Counselor) _____(Consumer)

The Immigration Reform and Control Act of 1986 states employers should only hire American citizens and aliens who are authorized to work in the United States. To verify your employment eligibility, please check a box below. This does not replace requirements of employers as specified under the Immigration Reform and Control Act of 1986.

I am:

☐ 1. A citizen or national of the United States.
☐ 2. An alien lawfully admitted for permanent residence (Alien Number A _____).
☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____ or Admission Number _____, expiration of employment authorization, if any _____).
☐ 4. None of the above.

SEE REVERSE FOR YOUR APPEAL RIGHTS INFORMATION AND HOW TO CONTACT YOUR CAP ADVOCATE.

Applicant's Signature	Date Signed	Parent/Guardian's Signature (required for minor)

TO BE COMPLETED BY COUNSELOR

Counselor's Signature	Date Signed	Counselor's Name (Printed)	Counselor's Phone Number

DISTRIBUTION: Original (Pink) - Case Folder Copy (White) - Applicant

YOUR RIGHTS AND REMEDIES REGARDING YOUR REHABILITATION PROGRAM

An applicant or consumer may seek an informal review, through the Rehabilitation Counselor's supervisor, as set forth below, concurrently with requesting an administrative review, mediation or fair hearing. An informal review decision will be issued within a reasonable time. An administrative review decision will be rendered within 15 days of the date of the request. An applicant or consumer may request a fair hearing within one year of receipt of a decision or action of the Department of Rehabilitation (DOR) relating to an application for or receipt of services, or within 30 days of receipt of an administrative review decision.

If questions or problems arise while you are an applicant or a consumer of the DOR, please talk with your Rehabilitation Counselor and/or call the Client Assistance Program (CAP). You may bring a family member or other representative with you any time you meet with the DOR staff.

If you are dissatisfied with any action or decision of the DOR, you have the right to speak to a Rehabilitation Supervisor, have an administrative review by the District Administrator, or file a formal request for mediation and/or fair hearing. In fact, you can file a request for mediation and/or fair hearing at any time; however, many problems can be resolved informally and more quickly at the local level.

You have the right to take any of the following steps should issues arise:

COUNSELOR Many misunderstandings and problems can be solved by talking them over with your Rehabilitation Counselor. Sometimes your Rehabilitation Counselor may not know that a problem exists. It is your responsibility to tell him or her.

SUPERVISOR If you believe that you and your Rehabilitation Counselor cannot resolve the issue, you may ask for an informal review meeting with your Rehabilitation Counselor's supervisor to discuss the problem.

ADMINISTRATIVE REVIEW If the issue is not resolved with the Rehabilitation Supervisor, you may request an administrative review by the District Administrator. The administrative review must be requested within one year of the decision or action of the DOR with which you disagree. If the issue is still not resolved at this level, you may file a request for mediation and/or fair hearing within 30 days of receipt of the administrative review decision.

MEDIATION You may file a request for confidential mediation at any time within one year of the action or decision with which you disagree. If you and the DOR representatives are not able to resolve the issue directly, a qualified, impartial mediator can help you find solutions that are satisfactory to you and the DOR. If the DOR agrees to mediate, a mediation will be held within 25 calendar days from receipt of your request, unless you agree to a later date. Request for Mediation forms (DR 107–Request for Mediation and/or Fair Hearing) are available from CAP advocates and/or DOR staff by calling 916-558-5860, email to appealsinfo@dor.ca.gov, or by visiting the DOR's website at www.dor.ca.gov. The request for mediation may be made at the same time as a request for a fair hearing.

FAIR HEARING If you are dissatisfied with any action or decision of the DOR relating to your application for, or receipt of, your services, you may request a fair hearing within 30 days of receipt of an administrative review decision, or within one year after the DOR decision or action. A hearing will be held within 60 calendar days from the receipt of your request, unless you agree to a later date. At the hearing, you may appear in person, and may be accompanied by a representative or other advocate of your choice. It may be to your benefit to first work through the administrative review process discussed above before requesting a formal fair hearing. Many problems can be resolved quickly and informally at the local level. For information on requesting a fair hearing, you may contact your local DOR district office, call 916-558-5860, email to appealsinfo@dor.ca.gov, visit the DOR's website at www.dor.ca.gov or contact a CAP advocate. If you are not satisfied with a fair hearing decision, you may file a writ of mandate within six months of the decision with the California Superior Court.

DISCRIMINATION If you believe that the DOR or its contractor has unlawfully discriminated against you because of your race, color, religion, ancestry, national origin, sexual orientation, marital status, medical condition, physical or mental disability, gender, or age, you have an opportunity for a prompt administrative review by supervisory staff and/or an informal Equal Employment Opportunity Counselor review followed, when necessary, by a formal investigation. An oral or written request for administrative review must be made to the District Administrator in your local DOR district office with information described in California Code of Regulations, title 9, section 7353.5 (a)(3). To request an informal review, or to obtain a form to file a formal complaint, contact the DOR's Office of Civil Rights by calling 916-558-5850. A request for review and complaint must be made within 180 days of the date of alleged discrimination. You may also file a formal complaint with the US Department of Education, Office for Civil Rights by calling 800-421-3481.

CLIENT ASSISTANCE PROGRAM The Client Assistance Program may be available to assist you during the entire rehabilitation and or appeals process. Information is available on the DOR's website at www.dor.ca.gov, or you may call CAP at 800-952-5544 or TTY 866-712-1085.