

## **Virginia Department for the Blind and Vision Impaired Application for Vocational Rehabilitation Services**

Applicant:

- I am applying to the Virginia Department for the Blind and Vision Impaired (DBVI) in order to receive vocational rehabilitation (VR) services related to my vision loss.
- I have received an explanation of services provided by the DBVI.
- I have been informed that materials in alternative formats are available upon request.
- I have been informed that interpreter/translator services are available for individuals who are DeafBlind or for whom English is not their primary language.
- According to §46.2-221 of the *Code of Virginia*, the DBVI must report each year to the Department of Motor Vehicles (DMV) the names of all legally blind or visually impaired persons known to DBVI. This information shall be used by DMV solely for the purpose of determining qualifications of these persons for licensure under §46.2-311 and §46.2-312 to operate motor vehicles. Section 46.2-221 of the *Code of Virginia* also authorizes DBVI to notify appropriate law enforcement of any person reported to DMV that continues to operate a motor vehicle.

*This is a double sided document. Please complete the backside.*

- My rights and responsibilities as an applicant have been explained, and I have received a copy of this form.
- I understand that a qualified VR Counselor who meets the education standards established by the Commission on Rehabilitation Counselor Certification will provide and coordinate my VR services.
- I understand that when I apply for services, DBVI will verify whether I receive SSI or SSDI through a matching program with the Social Security Administration. I also understand that DBVI will periodically verify my receipt of SSI or SSD benefits during the time my case is open.
- My signature on this line certifies that I understand the above information as explained to me.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Representative, if applicable)

Representative's address:

Representative's Phone Number:

Representative's E-Mail:

Representative's Relationship to Applicant:

Witness - if signed by mark:

Date:

*This is a double sided document. Please complete the backside.*

## RIGHTS OF APPLICANTS

Anyone presently in Virginia may apply for services.

You have the right to equal treatment regardless of age, race, color, creed, sex, national origin, or disability.

Vocational Rehabilitation applicants who have concerns regarding services can contact the **Client Assistance Program (CAP) at 1-800-552-3962 (Voice/TTY)**. CAP is a federally funded independent program to assist applicants with service concerns.

In compliance with the *Code of Virginia* §2.1-377-386, Privacy Protection Act, DBVI shall not release information about you without your written consent except for purposes directly connected with DBVI service programs.

These rights are based on federal and state laws, but there are certain exceptions. If you have any questions or want to see the information in your record, you may request this information through the DBVI regional manager in your area.

### Requests to Review Determinations made by DBVI

If you are dissatisfied with the DBVI's decision regarding your eligibility for services, you may:

1. Request an Informal Administrative Review of the decision;
2. Request Mediation;
3. Request an Impartial Due Process Hearing.

To complete this process:

1. Call or write to the regional office where you applied.
2. Call or write the DBVI Deputy Commissioner for Services at 800-622-2155 (Voice/TTY) 397 Azalea Avenue, Richmond, Va 23227-3697.

If you feel discriminated against, you may file a complaint with the Office of Civil Rights **WITHIN 180 DAYS** of the alleged discriminatory act:

**Philadelphia Office for Civil Rights  
United States Department of Education  
100 Penn Sq. East, Suite 515  
Philadelphia, PA 19107-3323**

## **RESPONSIBILITIES OF APPLICANTS**

**You must give complete and accurate information in order for DBVI to determine your eligibility for services. Certain Vocational Rehabilitation services are based on financial need. In order to determine any potential participation you may have in the cost of the services you must provide financial information. If your financial situation changes, you must notify DBVI WITHIN 10 DAYS.**

## **APPLICATION FOR SERVICES INSTRUCTIONS**

**Use:** To be completed when an individual is making application to DBVI for VR Services.

**Applicant's Name:** Enter the full legal name of the applicant (no nicknames).

### **Procedures:**

- The intake worker/designee will read and explain, in person or over the telephone/TDD, each section of this form to the applicant.
- If the applicant does not have a telephone, or it is not feasible to explain the form over the telephone, the Intake worker/designee will send a letter to the applicant, along with two (2) copies of the application, requesting him/her to telephone or write the Intake worker/designee if the applicant would like a verbal explanation of the VR Application for Services form.
- If a face-to-face explanation is requested the intake worker/designee will arrange this with the applicant.
- Instruct applicant to sign both copies of the application, on the first signature block, return one copy and keep one copy.
- Explain availability of interpreter/translator services for individuals for whom English is not a primary

language (i.e., individuals who are deafblind).

- Explain *Code of Virginia* provision relating to Department of Motor Vehicles.
- Explain rights and responsibilities of applicant.
- Explain the appeal instruction to applicant.

**Applicant's Signature:** Instruct the applicant to sign and date the first block indicating his/her rights and responsibilities were explained and that he/she received a copy of the application form. If applicant is under 18 years of age, the parent or legal representative must sign and date the application.

**Representative:** Individual who has legal authority to sign for the applicant. Must also enter date signed.

**Witness:** Individual who witnessed applicant's mark. Must also enter date signed. DBVI staff **cannot** be the witness.