

**Workforce New Jersey**  
**Division of Vocational Rehabilitation Services**  
**Referral Form**

**445 Marshall Street, Phillipsburg NJ 08865**  
**Phone 908-329-9190 opt.#2, Fax 908-454-8334**

Vocational Rehabilitation Agencies assist individuals with disabilities to prepare for, obtain and/or keep suitable jobs. The rehabilitation services the agency can provide depend on the availability of State and Federal funds and on the availability of other programs and services. All individuals have the responsibility to: participate financially in their plan to the best of their ability; obtain services only with prior written approval; cooperate by using community services when they can be of help in the rehabilitation program; maintain regular contact with the VR agency counselor; and, go to work when the VR program is completed.

Name: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ NJ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Secondary Telephone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Veteran? (Y or N) \_\_\_\_\_

Disability \_\_\_\_\_

Have you ever applied to DVRS before? (Y or N) \_\_\_\_\_ If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

Do you receive Social Security Benefits? (Y or N) \_\_\_\_\_ SSD \_\_\_\_\_ SSI \_\_\_\_\_

Do you receive: Welfare Benefits? (Y or N) \_\_\_\_\_ If yes, please give case number below:

TANF Case Number \_\_\_\_\_ General Assistance Case Number \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Number of dependents \_\_\_\_\_ Marital Status \_\_\_\_\_

Highest grade completed in school? \_\_\_\_\_

English speaking? (Y or N) \_\_\_\_\_ Spanish speaking? (Y or N) \_\_\_\_\_ Other? \_\_\_\_\_

**Referral Source:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Reason for referral: \_\_\_\_\_

**If records documenting disability are available, please include with referral to expedite eligibility process.**