



## Apply for Vocational Rehabilitation Services

Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR) provides services to individuals who have a disability, or disabilities, that interfere with getting, keeping, or advancing in a job.

### To apply or be referred for ACCES-VR services you must be:

- A person with a disability or disabilities that impact your ability to get, keep or advance in a job
- Currently present in New York State & able to work in the United States
- Available to participate in the vocational rehabilitation process

### Community Information Sessions (White Plains District Office)

Reservations are required to attend a session. Please (914) 946-1313 to pre-register.

- At White Plains District Office, Every Wednesday @ 10:15 AM  
For other locations click [HERE](#)

### Applying for ACCES-VR Services

#### Application for Services VR-04:

- Click [HERE](#) for English (or continue to page 2).
- Click [HERE](#) for Spanish or
- click [HERE](#) for additional languages

When completing the ACCES-VR Application for Services, please complete as fully as possible. You must minimally provide: Your Name, Address, Date of Birth, Gender, Disability(ies), Signature and Date on the application. **Only signed applications will be accepted.**

- *Note: For individuals under the age of 18, or for individuals with legal guardians, the Application for Services must also include the signature of a parent or legal guardian.*

## Submitting Your Application

You can submit your application to ACCES-VR either by email or mail:

**Email:** [accesvrapplications@nysed.gov](mailto:accesvrapplications@nysed.gov)

- In Email's Subject Line: Write your full name and "ACCES-VR Application"

**Mail:** To the address of your Local District Office, for Westchester & Rockland county residents:

#### WHITE PLAINS DISTRICT OFFICE:

**Address:**

75 South Broadway  
Suite 200  
White Plains, NY 10601

**General Phone:** 914-946-1313

**Fax:** 914-946-1726 or 914-946-2588

[Fuentes, Ramona](#), District Office Manager

Phone: 914-946-2683

[Ehrenberg, Debra](#), Senior VR Counselor  
Transition and Youth Services

Phone: 914-946-7648

- District Office Locations may be found at the [District Office Locations webpage](#).

Please return the completed form to:

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of Adult Career and Continuing
Education Services-Vocational Rehabilitation
(ACCES-VR)

Application for VR Services

VR-04 (7/14)

Please print or type all entries

Form with sections: NAME (Last, First, Middle Initial, GENDER), HOME ADDRESS (Street, Apartment Number, City, State, Zip +4 Code, County, SOCIAL SECURITY NUMBER), MAILING ADDRESS, PHONE NUMBER(S), DATE OF BIRTH, Race/Ethnicity, What is your disability?, Who referred you to us?, MARITAL STATUS, I hereby apply for rehabilitation services.

••• Please answer the questions below and on the back of this form. •••

You do not have to answer these questions now, but your answers will help ACCES-VR process your application.

Questions: Have you ever received services from ACCES-VR or its former name... Are you now receiving services from one or more agencies? Describe how your disability limits your ability to work.

What services are you seeking from ACCES-VR?

Are you disabled because of a work-related injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use any assistive devices or aids?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a NYS driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you legally permitted to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a driver's license from a state other than New York?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check the benefits you now receive:	
Do you have Access to a motor vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Workers Compensation	
Do you use public transportation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other, specify _____	
Are you able to leave your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Do you regularly see a doctor or clinic about your disability?  Yes  No If yes, indicate date of last visit: \_\_\_\_\_  
 Please provide the name and address of doctor(s) and clinic(s):  
 (1) \_\_\_\_\_ (2) \_\_\_\_\_

List the highest grade you have successfully completed: \_\_\_\_\_  
 and check the applicable box(es)  
 GED or High School Equivalency Diploma  Yes  No \_\_\_\_\_ College \_\_\_\_\_ Graduate School \_\_\_\_\_ Doctorate  
 Special Education  Yes  No Do you now attend high school?  Yes  No Indicate college degree(s) earned:

Name and address of school you last attended: *Name of School* *Address*

**List below other people in your household**

Full Name	Age	Their Relationship to You

**List below the people ACCES-VR can contact if we are unable to reach you using the information on page 1.**

Name	Address	Phone

**List below your work history (include attachments for additional Jobs, if necessary)**

Employer Name and Address	Dates Employed From - To	Weekly Earnings	Job Title and Duties, and Reason for Leaving

**Persons applying for or receiving rehabilitation services have the right to have any actions or decisions of this Office reviewed. A description of the review process and form can be obtained from any ACCES-VR District Office.**

**All information will be kept confidential and is subject to verification.**

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