OKLAHOMA DEPARTMENT OF REHABILITATION SERVICES VOCATIONAL REHABILITATION AND VISUAL SERVICES APPLICATION

Home Phone Number	Name	SSN
Email Address What is your disability?	Home Phone Number	Cell Phone Number
What is your disability?	Home Address	City, State, Zip
Onset of Disability Male Female Date of Birth: Describe how your disability impairs your ability to work (or to live independently)? () I am interested in assistance in obtaining employment () I am interested in assistance in keeping the job I have For individuals age 55 or older who are blind or visually impaired please check your preference: () I am not interested in working, however I am interested in assistance in living independently What type of employment are you interested in, and how can we help you achieve your goal? Have you ever applied for rehabilitation services? yes no Have you ever defaulted on a student loan? yes no Have you ever defaulted on a student loan? yes no My completion of this document and the completion of the initial interview process with DRS staff constitutes an application for Rehabilitation Services. In order to effect my rehabilitation, I authorize the release of confidential information from my case file to agencies or others who have adopted regulations for confidential. Use of such information will be limited to purposes directly connected with the administration of my rehabilitation program. All mandatory information is collected under the authority of the Rehabilitation Act of 1973 as amended; Title 56, Oklahoma Statute 1971, sections 328 through 330 and Title 51 Oklahoma Statute 1985, Section 24A.1 through 24A.18. Failure to provide this information way prevent the rehabilitation agency from providing services in a timely manner. Otherwise, information will not be disclosed to any individual, agency or organizations without my written consent or that of my parent, guardian or representative as applicable. I attest under penalty of perjury that I am (check one of the following) A Citizen or national of the U.S A Lawful Permanent Resident An Alien authorized to work Information provided is subject to verification through the Social Security Administration	Email Address	
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Parent/Guardian/		— — — — — — — — — — — — — — — — — — —
	Parent/Guardian/	

REV DATE 5/2015 DRS-C-1

VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES

(56 O.S. § 71)

Statement Under Penalty of Perjury (12 O.S. § 426)

(Applicant)	(D.O.B.)	, hereby state as follo
I am a United States Citize	en.	
I state under penalty of per	jury under the laws of Oklahom	na that the foregoing is true and co
Date	County	/
	[Signature of A	pplicant]
		•••••
1	(D.O.B.)	, hereby state as follow
I(Applicant)	(D.O.B.)	, hereby state as follow
	er the federal Immigration and	, hereby state as followed Naturalization Act, and I am Ia
I am a qualified alien und present in the United State	er the federal Immigration and	
I am a qualified alien und present in the United State	er the federal Immigration and	d Naturalization Act, and I am la
I am a qualified alien und present in the United State I state under penalty of per	er the federal Immigration and es. jury under the laws of Oklahom	d Naturalization Act, and I am I na that the foregoing is true and o

REV DATE 5/2015 DRS-C-1