CALIFORNIA STATE UNIVERSITY SACRAMENTO STUDENT’S GUIDE FOR
INTERNING AT THE STATE DEPARTMENT OF REHABILITATION

A Project

Presented to the faculty of the Department of Special Education, Rehabilitation, School
Psychology, and Deaf Studies
California State University, Sacramento

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in

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(Vocational Rehabilitation)

by
Nirupa Nithyakumari Koilvaram

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Abstract

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Statement of Problem

The problem addressed in this project, lack of an internship manual geared towards interning at the DOR, was first noticed when the author was interning at the DOR. The existing manual has clear guidelines on student responsibilities, hours needed for internship, and what is expected of the intern at the internship site from the school’s perspective. The author found the current manual to be very helpful but she would have liked a guide that describes how to obtain an internship at DOR, and what to do once at the internship site, a guide that will clearly give instructions on the whole process of a case and proper documentation methods. This manual is a necessity because once at the internship site, the intern is completely dependent on the guidance of the assigned
counselor or supervisor. Counselors at most DOR offices carry an average of 100+ cases and might not always be available for the intern’s questions. In some offices, the interns are not offered any sort of training except shadowing counselors and following a manual that outlines the processes that will be helpful to the intern when they are working with clients. The new DOR student manual will address strategies to obtain an internship, structure of DOR, processes and case documentation procedure specific to DOR, and help interns become better prepared for an internship with DOR. Having a student manual to help interns assimilate well to their first real world experience of being a counselor will be beneficial. This will help reduce the intern’s dependency on other counselors and save valuable time when learning about DOR procedures. For these reasons the author finds the current project will be useful for future DOR interns.

Sources of Data

Data for this project was obtained through reviewing internship manuals from other Council on Rehabilitation Education [CORE] accredited rehabilitation counseling program, professional journals, and Internet sources. Other sources of data were interviews with supervisors at the CA State Department of Rehabilitation [DOR] supervisors and students of vocational rehabilitation counseling program at California State University, Sacramento and personal experiences from the author’s internship at the CA State Department of Rehabilitation, Antioch.
Conclusions Reached

A student guide that addresses strategies to obtain and prepare for an internship with DOR provides information on the case processes and documentation procedure specific to DOR was developed. This guide will help interns become better prepared for an internship with DOR.

______________________________, Committee Chair
Guy E. Deaner, Ph.D.

______________________________
Date
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If not for these special people I could not have completed my project!
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Chapter 1

INTRODUCTION

Background of the Problem

The Council on Rehabilitation Education [CORE] requires a vocational rehabilitation counseling graduate student to complete an internship of 600 hours at a facility that serves people with disabilities. Of those 600 hours, at least 240 hours are required to be direct service to people with disabilities. Currently, there are six CORE accredited state universities in California that offer a vocational rehabilitation counseling graduate program with the internship requirement. California State University, Sacramento [CSUS] is one of the six CORE accredited schools.

One of the possible internship sites is the California Department of Rehabilitation [DOR], a state agency that serves people with disabilities and meets the CORE standards for a proper internship site with several offices in the Greater Sacramento Region. The DOR maintains communication with CSUS and the other universities to increase the number of students who participate in internships, to recruit graduates for employment, and to ensure the graduates are better equipped with knowledge, skills, and abilities needed to work for the DOR.

According to the Comprehensive System of Personnel Development part of the state plan of DOR of 2011, projected vacancies for the senior vocational rehabilitation counselor positions due to promotions within the department and retirement over the next 5 years at DOR are 535 (DOR, 2011a). California is the largest employer of vocational
rehabilitation counselors with approximately 800 vocational counselors, and there are approximately 141,000 rehabilitation counselors in the United States (DOR, 2009b). Thus, the chance for full-time employment after an internship is higher with DOR than other agencies that serve people with disabilities. This makes DOR an attractive internship site since an internship can lead to permanent employment with DOR.

Internship is a practical experience where theory is put into practice at the internship site. At the internship site, the intern is treated like one of the employees. Interns are expected to handle cases, participate in office activities and help rehabilitate clients. They have to put on the hat of a counselor and start performing counselor duties for the clients.

Currently, CSUS Vocational Rehabilitation Counseling Program has a general student internship manual that is applicable for interning at any agency that serves people with disabilities. The current manual delineates the roles and responsibilities of the intern at the internship site. With the current manual, it is clear that interns are supposed to participate as required in agency/firm activities; and continuously work to improve performance in response to feedback from appropriate agency/firm personnel; and demonstrate behavior in accordance with high ethical and professional standards; and adhere to confidentiality policy of the host agency, work with agency consumers in all phases of the rehabilitation process; and maintain a complete and accurate log of activities (hours and supervisions); meet weekly with site supervisor; and
participate in a self evaluation process, the number of times of which is at
the discretion of the site supervisor and university supervisor (California
State University, Sacramento, 2011, p. 10)

When it was the author’s time to intern during her vocational rehabilitation program, she
obtained an internship at the DOR office in Antioch, California. She used the general
student internship manual to guide her through the internship. This manual is from the
University’s perspective and gives guidelines and expectations on how the internship will
satisfy the CORE requirement. However, the author discovered there are site-specific
challenges to the internship that are not addressed in the current manual. This project
will address areas of DOR specific information that will enhance the internship
experience for future vocational rehabilitation counseling students.

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Definition of Terms

*AWARE VR System*

Known as AWARE for short, this is the case documenting system used by counselors at vocational rehabilitation agencies to aid in moving clients through the rehabilitation process to a successful outcome (DOR, 2010)

*California Code of Regulations [CCR]*

According to the California Office of Administrative Law (2007), the California Code of Regulations [CCR] is “…the official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act” (p. 1).
Council on Rehabilitation Education [CORE]

CORE was formed in 1971 and is comprised of five professional rehabilitation organizations. CORE is an accrediting institution “…which provides academic preparation” for various vocational counseling programs. Under CORE each vocational rehabilitation education program is assessed to meet the standards to “…promote the effective delivery of rehabilitation services to individuals with disabilities” (CORE, 2012, n.p.).

Department of Rehabilitation [DOR]

A California state agency that serves people with disabilities to gain independence through employment. DOR works with the consumers to “…provide services and advocacy resulting in employment, independent living and equality for individuals with disabilities” (DOR, 2012, n.p.).

Rehabilitation Administration Manual [RAM]

Manual with various chapters that provide guidelines, rules, and regulations for the counselors to successfully aid the client in various steps of the vocational rehabilitation process. For example, RAM chapter 30 provides proper documentation techniques in the case processes (DOR, 2008).

Individualized Plan of Employment [IPE]

The IPE is written for clients who meet the eligibility requirements for DOR. It delineates clients’ job objective and all the services provided by DOR to help them find
and retain employment (DOR, 2011b). The intern/counselor works with clients to come up with a realistic and appropriate goal for the IPE.

**Job Related Services**

One of the services the DOR provides to help clients obtain employment. The clients will be assigned a job developer who will help them develop job search skills, identify appropriate job openings, and even help them purchase interview and work clothes. The employment services consist of intake, employment preparation, job development, placement, and retention (CRP, 2009).

**Limitations of the Problem**

The student manual will be effective as soon as its completion in Fall 2012 for prospective DOR interns. If there are any future changes then this guide will have to be updated or changed. For example, DOR is undergoing a structural change called VR Modernization, which is a team effort to provide services for people with disabilities. This approach may or may not affect the roles of the interns.

The guide will be useful statewide but is primarily written for the Sacramento, California, region because this guide is to help the vocational rehabilitation counseling students at CSUS be prepared for internship at the DOR offices close to the Sacramento region. However, some students do their internship outside the greater Sacramento region. This guide will provide basic information which can apply for interns at any DOR office but some information will be specifically geared to this region. The research for this project was conducted within the four DOR offices near CSUS along with the
Most of the information in this guide is from firsthand experience of the author who interned at DOR. However, this can also be a bias because the author’s internship was at the Antioch branch, which is not in the Sacramento region. Each office has its own way of doing things and some of the information may not be applicable to students who are interning at the Sacramento and Placer County sites.

Organization of the Project

The remainder of this project is divided into three chapters plus an appendix. Chapter 2 is the review of literature which provides the history of vocational rehabilitation and internship. Chapter 3 will delineate the methods used to gather information for this project. Chapter 4 will be a summary of the project. In the Appendix, the solution to the discussed problem, which is the California State University Sacramento Student’s Guide for Interning at the State Department of Rehabilitation, will be provided along with samples of case documentation forms that will be part of the Student Guide.
Chapter 2
REVIEW OF THE LITERATURE

Introduction

The literature review for this project will examine internships at vocational rehabilitation counseling training programs and the importance of departments of rehabilitation nationally as an internship site and eventual employer of the students. The review of literature starts by giving statistics on enrollment and graduation for vocational rehabilitation counseling programs. It then looks at the value of internships in preparing a student to become an effective counselor. Next, the close collaboration between state agencies and vocational rehabilitation training programs and the unique aspects of interning at a state agency are examined. Finally, a variety of internship manuals are reviewed to help create a site-specific manual.

Statistics about Vocational Rehabilitation Counseling Graduates

The *Annual Profiles of CORE Accredited Programs' Three-Year Summary* for summer 2008 to spring 2011 (CORE, 2011) reports that there were 5,102 total Master's level rehabilitation counseling students in the 2010-2011 academic year. There were 5,157 and 5,259 rehabilitation counseling students in the 2008-2009 and 2009-2010 academic years respectively. The Council on Rehabilitation Education [CORE] states that 1,510 students graduated with a Master’s degree in rehabilitation counseling in the 2010-2011 academic year. In previous years, the number of graduates was 1,412 in 2008-2009 and 1,473 in 2009-2010. Even though the total number of counseling students
has actually decreased a bit in 2010-2011 compared to the previous 2 years, the number of graduates has been steadily increasing based on the 3-year trend.

As the number of students who are graduating is increasing, the number of graduates hired by state vocational rehabilitation [VR] agencies has shown an upward trend. The number of state VR hires went from 531 in 2008-2009 to 517 in 2009-2010 to 570 in 2010-2011. For 2010-2011, the breakdown of employment for graduates according to the CORE profile, is that 35.9% entered employment at state VR agencies, 23.3% entered employment with non-profit community programs, 17.0% entered employment in other rehabilitation related programs, 5% entered private industry firms, 3.1% were employed in university settings, 5.7% were unemployed, 3.2% were seeking an advanced degree in rehabilitation while 1.5% were seeking an advanced degree in other areas, and 5.4% were employed in non-rehabilitation employment. Overall, the CORE profile shows how important state agencies are in hiring vocational rehabilitation counseling graduates.

Rehabilitation counselors were not always required to have a graduate level degree. It was not until 1997 that the U.S. Department of Education made Master's degree-level education a requirement for employment within the state-federal VR program (Froehlich & Linkowski, 2002). Frain, Ferrin, Rosenthal, and Wampold (2006) suggest that "…approximately 20,000 more individuals with disabilities each year would have positive employment outcomes if all state rehabilitation counselors had a Master's
degree in rehabilitation" (p. 10). Thus, research shows that there would be benefits to the greater society if state agency counselors had graduate level degrees.

Internships in Vocational Rehabilitation Counseling

The CORE Standards for Rehabilitation Education Programs Section C provides curriculum requirements for developing knowledge and skill areas necessary for clinical training in Master's level education (Tschopp & Chronister, 2008). Section D provides the basic structure for internship such as guidelines on clinical hours, appropriate clinical activities, supervision and evaluation. As required by CORE, interns are to complete 600 hours of on-site, supervised rehabilitation counseling of which at least 240 hours must be face-to-face service to clients. These CORE standards "...have provided specific guidelines and expectations in relation to the pre-service preparation of rehabilitation counselors" (Leahy & Tansey, 2008, p. 222).

Koch, Hennessey, Niese, Tabor, and Petro (2004) conducted a study to examine “…the perspectives of 13 rehabilitation counselors regarding how graduate-level rehabilitation counseling students can best prepare themselves for careers” (p. 93). Their research was to find the skills and knowledge domains that students need to develop during their graduate education and the learning experiences that will best prepare students to acquire these skills and knowledge. The knowledge and skill areas identified as fundamental to the professional preparation of rehabilitation counseling students are communication skills, disability knowledge, case management, ethics, legal and political knowledge, research skills and technology-related knowledge and skills. One of the
recommendations to best prepare the students in these knowledge areas was to incorporate a variety of field-based learning experiences into the curriculum. The conclusion was that students who complete the practicum and internship experiences are best prepared for entering the rehabilitation counseling profession.

A related study by Ebener (2007) examined the relationship between skill emphases in rehabilitation counselor education and the importance of those skills for counselor effectiveness. Some of the highest rated skills by counselors when surveyed are managing cases, practicing professional advocacy, conducting counseling interviews, and providing vocational counseling. Ebener raises the issue that while knowledge areas are generally assessed in educational settings through written assignments and examinations, skill areas are more difficult to measure. Skills are therefore incorporated into clinical training or other experiential components in counselor education (Ebener, 2007).

Rak, MacCluskie, Toman, Patterson, and Culotta (2003) completed a pilot study examining qualitative and quantitative changes in counseling interns' skill development and perceptions. Interns were asked to complete pre- and post-internship questionnaires to analyze the changes in perceptions. The results of the study show that counseling skills such as diagnosis and facilitating disclosure took on more significance over the course of an internship as students worked in an on-site environment.
Relevance of State Agencies

According to the Annual Profiles of CORE Accredited Program's Three-Year Summary from summer 2008 to spring 2011, state vocational rehabilitation agencies hire the most number of vocational rehabilitation counselors. The amendments to the Vocational Rehabilitation Act of 1954 "...provided federal support to university programs to facilitate the development and sustainability of rehabilitation counselor education programs" (Leahy, Thielson, Grooms, Shader-Patterson, & Shamsiddeen, 2006, p.12) so that the public agencies would get a steady inflow of educated rehabilitation counselors. Rehabilitation counseling programs developed rapidly through grants from the Rehabilitation Act Amendments as well as partnership arrangements established with the state public rehabilitation programs (Leahy & Tansey, 2008). Thus, there are members from state agencies on academic advisory councils who provide input into graduate training programs, serve as adjunct instructors, and make practicum and internship sites available for students as well as employment options for program graduates. (Leahy et al., 2006).

To increase the number of rehabilitation counselors, the U.S. Rehabilitative Services Administration [RSA] has a priority to "...provide experiential activities for students, such as formal internships, practicum agreements and other partnership activities with state vocational rehabilitation [VR] agencies" (U.S. Office of Special Education & Rehabilitation [OSERS], 2003, p. 2166). This federal priority "...focuses attention on and intends to strengthen the unique role of rehabilitation educators and state
VR agencies in the preparation of qualified VR counselors by increasing or creating institutions of higher education and state VR agencies" (OSERS, 2003, p. 2167). The goal of this collaboration between the educational institution and the state VR agency is "…to increase the number of graduates who seek employment in state VR agencies" (OSERS, 2003, p. 2166).

Also, RSA has a long-term training program that "…funds higher education institutions to give scholarships to students pursuing academic degrees preparing them for careers in rehabilitation" (RSA, n.d., p. 1). Graduate students who receive a RSA grant are "required to pay back their scholarship through work in support of public rehabilitation program or in non-profit rehabilitation settings" (RSA, n.d., p. 2). Therefore, 38% of the students who receive a RSA scholarship work for state agencies while only 7% students who did not receive grants work for state agencies (RSA, n.d.).

Changes in Perceptions during Internships at State Agencies

In a study conducted by Ebener (2007), the author found statistically significant differences between educators’ and counselors’ ratings for six of the seven skill areas of the Rehabilitation Skills Inventory – Revised (RSI-R). The RSI-R “…assesses the importance and frequency of specific job tasks and professional functions in relation to rehabilitation counselors’ role in various work settings” (p. 197). Educators ranked the seven skill areas in this order of importance: practicing professional advocacy, managing cases, conducting counseling interventions, conducting assessments, providing vocational counseling, use of community-based services, and applying research to practice.
Counselors ranked the seven skill areas in this order of importance: managing cases, practicing professional advocacy, conducting counseling interventions, providing vocational counseling, conducting assessments, use of community-based services and applying research to practice. According to Ebener, managing cases and conducting counseling intervention are more easily learned in clinical training courses.

Similarly, a study by Lustig and Strauser in 2008 examined the relationship between perceived percentage of time spent on rehabilitation counseling responsibilities and possession of an educational degree, certification as a rehabilitation counselor and years worked for the state-federal vocational rehabilitation agency. The amount of time spent by counselors with Master’s degree in rehabilitation counseling for various rehabilitation counseling responsibilities are 16.3% for counseling, 26.2% for case management, 15.1% for assessment, 15.6% for service planning, 10.6% for service coordination, 3.5% for job analysis, 6.8% for job development and 5.8% for advocacy.

Lustig and Strauser (2009) conducted another national study of rehabilitation counseling graduate students and state-federal rehabilitation counselors to find out differences between how much time is expected to be spent in specific rehabilitation activities versus how much time is actually spent in these activities. The researchers polled the graduate students on their ideal breakdown for time spent on each rehabilitation activity such as counseling, case management, assessment, service planning, job analysis, job development and placement, and advocacy. The researchers also surveyed what the students perceived to be a State Agency rehabilitation counselor's
breakdown across the various activities. Finally, the researchers asked State Agency counselors to reveal their actual time breakdown across the activities.

The results from the study by Lustig and Strauser (2009) show disagreement in various areas between what graduate students perceived to be the breakdown across various activities for VR counselors versus the actual time stated by counselors for specific work activities. Graduate students believed VR counselors spent only 19% of their time in case management activities while counselors reported spending 25%. For job analysis activities, students believed counselors spent 8% of their time whereas the counselors spent only 4%. Another major difference was in job development activities which were perceived to be at 12% by students when it was only 7% according to the counselors.

There were also differences between the graduate students' preferences with respect to percentage of time spent on certain work activities versus the actual time spent by counselors on these activities. There were four areas with big differences. Students preferred to spend 32% of their time counseling while counselors only spent 18%. Also, students would like to spend only 12% of their time in case management while counselors spent 25%. Students would prefer to spend 7% of their time in job analysis activities while counselors only spent 4%. Finally, students preferred to spend 10% of their time advocating while the counselors actually spent only 6%. From this study, it is evident that students' perceptions about working at state agencies are very different from reality.
Review of Internship Manuals

The goal of an internship manual for a counseling program is to provide orientation and guidance to help the student successfully navigate through field placement (Hodges, 2011). CORE mandates that each school have a manual with written expectations, procedures, and policies for the internship activities that will be distributed to students and supervisors (CORE, 2012). A study done by Herbert (2004) focused on these written materials at 59 vocational rehabilitation counseling programs. The study found that some of the common areas addressed by the manuals were student preparation information, preliminary assurances and contracts, how to select the appropriate site, clinical experience journal, professional preparation, textbooks, and supervisor incentives. In the student preparation information, some of the items that were addressed less frequently were general intake interview guidelines, technology considerations, and career information resources. Herbert recommends that students and field site supervisors should be asked for relevant information that they think is important and include these in a manual. Herbert also suggests some program materials for the manual such as licensure requirements, case presentation formats, and expectations for professional conduct.

Several internship manuals for Master's level vocational rehabilitation programs across the country were reviewed. North Carolina Agricultural and Technical State University's Department of Human Development and Services has a manual (2007) dedicated to rehabilitation counseling practicum and internship. This manual starts with an explanation of the clinical experience and a summary of roles and responsibilities for
the intern and both the university and on-site supervisors. It also provides course requirements and evaluation procedures. The internship section of this manual provides information on the goal of internship, program criteria for enrolling in internship, rights and responsibilities for all concerned parties, and all internship related forms such as weekly log and evaluations. This internship manual specifically explains various tasks that the intern will be required to complete such as the required number of hours of direct counseling, field documentation, having professional liability insurance, and evaluation. It also has an organizational checklist that should be completed by the students upon beginning the internship which will help the student orient themselves to the internship site. For example, overview of agency policies and procedures, code of ethics for rehabilitation counselors, and review of safety procedures are some of the items in the checklist.

The *Practicum and Internship Manual for Rehabilitation Counseling* from the University of Arkansas (2004) was also reviewed. Like North Carolina State University's manual, this manual provides a description of the program mission and objectives as well as specific objectives for clinical internship. Also, the manual provides a list of prerequisites for the clinical internship; information on the roles of the student, agency supervisor, and the faculty supervisor; and evaluation procedures. This manual has an internship curriculum which lists three phases of internship and the tasks related to these three phases. The curriculum divides internship into orientation, observation, and participation. Orientation phase consists of activities that help interns get accustomed to
the internship site such as tour of facilities, functions and services of the agency, agency regulations, and meeting with staff members and clients of the agency. Observation phase consists of activities that help the intern learn about the case process through observing different counselors, participating in site activities such as staff meetings, visiting community agencies, gathering community resources and such. Participation phase of internship is when the students will work with clients if they are ready to do so. They will be responsible for conducting screening, intake, and counseling interviews. The curriculum also provides guidelines for case selection such as the student will have a balance between new and old cases, there will be a reasonable expectation that the student will be able to see the client several times during the internship, and the cases will be useful as instructional examples of common problems and will be professionally challenging to the student. The internship curriculum is a guideline that the students can use throughout their internship which will enhance their internship experience and make sure they experience all aspects of internship. In the appendix of the manual, there are generic forms required for internship such as the internship contract, performance report forms for evaluation, field logs, and counselor-in-training self-evaluation.

Another manual reviewed was the rehabilitation counseling internship manual for Pennsylvania State University (n.d.). Similar to other manuals, this manual provided information on the purpose of internship; necessary prerequisites for internship; liability insurance; rights and responsibilities of the student, internship coordinator, and the site-supervisor; and evaluation and grading. This manual also provided information on
selecting and applying for the right internship site. The section on applying for internship describes how students should meet with their academic advisor and gather necessary information. Then, they should identify several possible internship sites before they decide on their final selection. Following that, they should submit an internship application. There is also a section on supervision which mentions different types of supervision the students will receive, such as group supervision where all the interns will meet on a monthly basis for group supervision. Then, the section provides information on site supervision, such as the students need to receive a minimum of 1 hour of individual supervision and they must be supervised by a qualified CRC, who can be the site supervisor or the internship coordinator. The manual goes on to provide information on what the site supervisors should focus on during the supervision process. For example, they need to look for process, conceptualization, personalization, and professional skills in the students. It also provides information on the various supervisory roles the site supervisors need to take, such as the role of a teacher, counselor, and consultant. Finally, it states that the internship coordinator should meet with site supervisor three times in the whole internship process. This manual also provided a brief description on the contents of the internship such as orientation, observation, and participation. Also, it provides information on various assignments interns have to complete during their internship, such as the weekly internship logs, rehabilitation counseling internship hours logs, and internship critique which is a short critique the students have to provide on their internship experience. One thing different from other
manuals or other programs is that interns have to videotape their sessions with clients to be reviewed later with their supervisors. The Penn State internship manual also has a frequently asked questions section. The appendices of the manual have forms for the internship. This manual gives guidance to interns in terms of how to apply for an internship and the necessary housekeeping details required for internship. It also provides a job description for the site supervisor during the internship process.

California State University, Sacramento’s, *Guidelines for Field Study in Rehabilitation Counseling* (2011) was also reviewed. This manual also provides the purpose, principle, philosophy of the field study, objectives of field study, pre-requisites, information on applying for field study and requirements for the field study site, liability insurance, and time requirements for internship. The manual goes on to address duties of student intern, and site supervisor, answers to questions that supervisors often ask, and duties of university supervisor. The attachment includes a student checklist that the student should complete before internship, and other necessary forms for internship such as field study site description, weekly logs, supervision meeting schedule, relevant core standards for field study that the student might review before interning, and evaluation forms. The manual also has information on university supervisor remediation process for students who do not meet the standards of internship. The final attachments are the student evaluation forms on their internship and the Code of Ethics for Rehabilitation Counselors that the interns should read before their internship. Although it provides information for students on internship, it is more for the site supervisor on what the
student needs to accomplish during internship as it is shown in the section for answers to questions commonly asked by supervisors.

In addition to these university manuals, there is a *Student Internship Program Guide* for the State of California created by the State Personnel Board (2010) in conjunction with the Board of Equalization. This guide provides general information on paid and unpaid internships, as well as benefits to students and the state through internships. Also, it has a section for interns on how to apply, the rights and responsibilities of interns, and provides information on what occurs after internship completion, which is followed by a section for supervisors. The section for supervisors provides information on how to train, supervise, and evaluate interns. This is a general guide on internship and not geared specifically toward the state Department of Rehabilitation which specializes in vocational rehabilitation counseling.

**Summary**

From the literature review, it is clear that there has been an increase in the number of graduates in the vocational rehabilitation counseling programs in recent years and the major employer of these graduates is state VR agencies. One of the ways to develop the knowledge areas and skills required to be a rehabilitation counselor is through field-study experiences. State agencies and vocational rehabilitation counseling programs have a close relationship where state agencies provide input on academic curriculum and serve as field sites for practicum and internships. Also, it is while interning at the state agency that the student’s perception of counseling will evolve and align more closely with the
realities of a state agency rehabilitation counselor. Manuals for various rehabilitation counseling Master's level programs were reviewed. These manuals provided general help to students but there were not any instructions geared to one specific internship site.
Chapter 3

METHODOLOGY

Review of Sources

After researching numerous ideas to find an appropriate project topic, this project idea was born when discussing ideas with Dr. Guy Deaner, Project Advisor. The topic was concluded to be viable after interviewing peers in the program. When the author tried to research if there was a current internship manual specific for the DOR, the author came across various internship manuals but none were specifically geared toward the DOR. For example, there is a current general internship manual for the students in the CSUS vocational rehabilitation program that delineates general guidelines for field study. The author, Cynthia Henderson Burt, describes the purpose of the field study, objectives, and pre-requisites. The manual also describes the requirements for the site for field study. It further delineates the time requirements for field study, liability insurance for students, and duties of the student intern, site supervisor, and university supervisor. Then, the manual provides forms for the students to use at their internship site such as the field study site description form that needs to be turned into the supervisor at the beginning of the internship, weekly logs, evaluations, and relevant core standards for field study (Burt, 2005). This is a thorough manual and was of great use to find a description of what is expected in a field study. However, it did not list how to obtain an internship, what DOR supervisors expect of interns, and job duties description for interning at the DOR.
In order to create a DOR specific manual, the author wanted to find other vocational rehabilitation counseling internship manuals. Microsoft’s “Bing” and “Google” were the primary search engines used to find internship manuals along with CSUS online library resources. Using Bing, the author found internship manuals for rehabilitation counseling for various universities across the nation. Most of the internship manuals had information that was very similar to the current CSUS manual. However, the internship manuals from the University of Arkansas and the North Carolina Agricultural and Technical State University had some unique information that was used in creating the final product. The University of Arkansas manual included a section on internship curriculum, which described the internship as being divided into three phases: Orientation, observation, and participation. It specifically listed activities included in each of the phases, which the author found to be valuable and could be used to organize the student guide into different phases such as how to obtain internship, pre-internship training and internship. The North Carolina Agricultural and Technical State University’s manual contains a section with descriptions of learning experiences for internship students and explained terms such as field experience, and direct client contact hours, and which activities fall under categories such as counseling, case management, consumer assessment, services planning for individual with disabilities, rehab services coordination, job analysis, job development/placement, and advocacy. This section was helpful because even if it seems common to all internships, this outline can be used to describe the functions of an intern at the DOR. This section will be valuable in the final
product of this project. Another section defined terms such as accountability direct services, practicum experience, qualified individual, and internship experience.

The author also found articles on internship training programs that presented models for creating an internship guide. Finally, the author researched for any existing manuals for the California DOR and came across a general Student Internship Program Guide (California State Personnel Board, 2010). This manual described paid and unpaid internships, benefits to the department and the students because of the internships, how the students can obtain internship, descriptions for supervising an intern with a section on training interns, and forms needed to obtain and complete an internship. This is a general guideline for internships within all California state agencies, which is partially in the “California State University Sacramento Student’s Guide to Intern at the State Department of Rehabilitation” for the DOR.

Method

The most important resource in developing the new manual was the firsthand experience gained when the author interned at the DOR for 600 hours. Here, the author went through all the steps of getting an internship, learning the procedures of the DOR, and performing all the duties of a DOR vocational rehabilitation counseling intern. During her internship, the author gained access to counselors, DOR resources such as pamphlets and training manuals, and digital resources through the DOR’s intranet, and carefully recorded all the key learnings every day. Then, the author met with five of her peers, two of whom were currently interning and one who recently completed her
internship at the DOR, and the other two had completed their internship at the
Department of Veterans Affairs. The meeting was to inquire what the interns may find
useful to include in a manual and to find out the differences between interning at the
Department of Rehabilitation and Department of Veterans Affairs. This took place at the
CSUS library in January 2012. These were the questions posed:

- What would you like to see in a preparatory manual to intern at DOR?
- Tell me about your training experience.
- How did you get the internship at the DOR? Did you have prior volunteer
  experience?
- How did you prepare yourself for internship?
- What did your training consist of?
- Did you get training materials such as worksheets or reading material?
- Did you get to observe with all counselors?
- Did you have any restrictions on which cases you can work on?
- How did you get your client hours?
- How was your COD experience? Did you have a protocol?
- Were you given sample intakes, IPEs, etc?
- Were you expected to conduct intakes, write IPEs?
- Would you have liked to be trained more in any specific aspect of the job?
- Did you feel you were well prepared for the internship at DOR?
Then, in March 2012, the author visited various Sacramento County DOR offices and interviewed Mark Frayser, Jay O’Nasch, Al Holmes, and Janice Sweatt, supervisors of the Laguna Creek, Fair Oaks, Roseville, and Downtown offices respectively. The interviews were limited to Sacramento region branches since this is a manual for CSUS students who will most likely look for internships in the Sacramento region. Here are few of the questions posed:

- What kind of characteristics do you look for in an intern?
- What makes one person stand out from the others?
- What will the day hold for an intern at the internship site?
- What are the work hours for the interns?
- What do you expect the interns to know before they intern at DOR?
- How do you train the interns? Is there a training regiment for the interns?
- How are the interns trained in AWARE?

All of the above were helpful in creating the various parts of the new manual. For example, the interview with peers gave the author insight into what needs to be asked of the supervisors for inclusion in the manual. Interview responses from the supervisors became a section called “Summary of What Supervisors Look for in an Intern” in the manual. Firsthand experience made up the rest of the manual under “Internship at the DOR.” Looking at various manuals gave an idea of how to organize the manual and which sections will be useful and how to arrange the material for easy reading for the students.
In reviewing the sources, the author realized that valuable sections in each manual, along with firsthand experience and interviews with interns and supervisors, can be incorporated or modified to create a new manual for the DOR. Overall, all of this will make the end product of an internship manual geared towards an internship at the California State Department of Rehabilitation.
Chapter 4

SUMMARY AND RECOMMENDATIONS

Summary

Currently at CSUS, there is a general Student Internship Manual for Vocational Rehabilitation Counseling program that students utilize during their internship. The manual provides guidelines on student responsibilities, hours needed for internship and what is expected of the intern at the internship site. This manual is from the University’s perspective and it outlines and provides guidelines on what constitutes a proper internship site according to CORE (2012). As useful as this current manual was during the author’s internship, she would have liked a guide that described how to obtain an internship at DOR, roles and responsibilities specific to DOR, the case process, and proper documentation methods from a student’s perspective. At present there is not a manual such as this for one of the most common internship sites for vocational rehabilitation counseling, the California State Department of Rehabilitation.

The author reviewed literature about the value of interning at state agencies such as DOR. There is a close collaboration between state agencies and vocational rehabilitation programs so that state agencies provide field sites for practicum and internships to help train graduate students to become qualified rehabilitation professionals. One of the recommendations from the literature review is that students and field-site supervisors should be asked for information that should be included in a manual to benefit student internships. The author also reviewed internship manuals from various
CORE accredited schools to see if any of them were geared specifically to a particular internship site.

In order to create a manual that has input from field-site supervisors, the author conducted interviews with the supervisors from the Sacramento and Placer County DOR offices. Through these interviews, it was gathered that there are no set guidelines on how to train an intern and there are differences between training methods at each office. It is cumbersome for the supervisors who handle 100+ cases to train an intern. The supervisors also shared what they look for in an intern, what they expect the intern to know before the internship, and what they hope the intern will learn during the internship. When interns are observing supervisors and various counselors and handling their own cases towards the end of the internship, a supplemental guide that gives information on case process and what interns need to focus on during each phase of the case process will prove to be valuable.

The author also interviewed peers in the CSUS vocational rehabilitation counseling program who had already completed their internships at the DOR. The peers wanted information on case management process and sample documents. Using all of this information, along with personal knowledge gained during the author’s internship, the guide to intern at the DOR was created.

Recommendations

If the author were to do this project again, then, it would not only be for students at CSUS but also for the DOR supervisors in the Sacramento region. There is not a
uniform intern training program for supervisors. A standardized manual would assist supervisors to systematically train interns. The newly developed guide contains unfilled case documentation forms so that the interns can familiarize themselves with the paperwork before internship. However, the author thinks that it would be beneficial if a hypothetical client was created and the entire case documentation process was filled out for that client. The intern can use these as samples during their internship when they have to create case documentation for their actual clients. Also, this author recommends this project be updated once the DOR undergoes a structural change called VR Modernization. DOR is restructuring to better their service delivery system by approaching each case as a team effort. If this structural change affects the role of the intern during their internship, then this project will need to be updated.
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CONGRATULATIONS! You are about to get an internship and embark on your field experience as a Vocational Rehabilitation Counselor in training. This guide hopes to present an overall picture of the functions of an intern at the Department of Rehabilitation [DOR]. The project is divided into two sections starting with “pre-internship,” which will help you decide whether DOR is a possible site for your internship, and a subsection of supervisors’ expectations for interns, which will help you prepare for the internship. The second section is called “internship at DOR,” which provides information on case processes and documentation procedures. This section will help you with the caseload during internship and help you navigate the paper work for the clients. The information presented in this project is from personal experience as an intern, interviews with DOR supervisors, and fellow peers in the Vocational Rehabilitation Counseling program. The author tries to give the ins and outs of the case processes and what the intern should know during each phase of the case processes. Following these three sections are attachments which provide the sample forms for each phase of the vocational rehabilitation case process. Familiarity with these documents will hopefully prevent any surprises during the internship. This is a guide for a general caseload and gives the readers a broad perspective on the functions and roles for interns at the DOR. Good Luck! I hope this guide helps you have a successful, stress free (to an extent) internship!

Nirupa Koilvaram

Fall 2012
PRE-INTERNSHIP

Find out if you really want to Intern at the DOR

❖ Study the agency

➢ Research the agency website (http://dor.ca.gov/) and study the mission statement and services they offer.

❖ Conduct Informational Interviews

➢ Talk to supervisors, current counselors, former and current interns from the Vocational Rehabilitation Counseling program to learn about the nature of the job and benefits of your internship, before deciding if it is the best place to intern.

➢ Benefits of interning at DOR.

▪ Gaining hands on training
▪ Experience to add to resume
▪ Letters of recommendation from the supervisor and other counselors at the internship site for future employment
▪ Coworkers become a good source of references for future jobs.
▪ Interning at DOR can open an opportunity to work for DOR after graduation.

• When the author interned at Antioch DOR and had the opportunity to meet numerous counselors, she frequently heard about how working at the DOR is very beneficial for counselors with families. This was because the hours at the DOR are flexible with the option of working from home on designated days. For example, one counselor mentioned to the author how
she has never missed any of her children’s sporting events or other extracurricular activities.

- State employee benefits - you can find an explanation of the benefits at [https://www.dor.ca.gov/per/benefits.htm](https://www.dor.ca.gov/per/benefits.htm)
  - Retirement fund
  - Health coverage
  - Vision program
  - Dental coverage
  - Savings plus program
  - FlexElect
  - Vacation leave
  - Sick leave

- One other thing to consider before interning at DOR is the amount of paperwork. The author was shocked by the amount of paperwork since every aspect of client contact had to be documented. The responsibility that comes with each decision that the intern makes with a client is very high. The intern will have to justify to the Rehabilitation Counselor (RC) and the Supervisor about employment goals chosen for the clients or training plans for the employment goal. If money is involved, then the intern will be under even more scrutiny.

- Another thing to consider is that clients who come to DOR come from all parts of the community. Some clients have convictions and might even be newly released from
prison. The population that applies for services at DOR will be very diverse and there is no system to filter the applicants. Interns and RC’s will be the filters as they determine whether the client is eligible for the services through the vocational rehabilitation process.

- With any internship venue, intern will have to be responsible and aware of their surroundings. When the author did her internship at Antioch DOR, she had to make community visits to places that were not in the safest parts of the community.

- Even in the office, due to the unfiltered nature of client walk-ins, all personal belongings were asked to be put away in drawers. Interns and RCs were asked to walk the client to and from their office. Clients were not allowed to wander the halls of office without supervision.

- The author was also asked to not leave anything out in the car. At the author’s internship site, two different incidents occurred where cars were broken into and some things were stolen. So the places where the DOR office is situated might not be the safest. This might be a factor when an intern chooses where to intern.

**How to obtain an Internship**

- Along with informational interviews, volunteering, networking, and utilizing your contacts to gain an internship is very essential.

- Volunteer at the DOR for the EDS 462 course. EDS 462, Supervised Field Observation Rehabilitation is a required pre-requisite for the internship. Part of the class is volunteering 60 hours of the 15 week course in an agency that serves people
with disabilities. Department of Rehabilitation is one of the places to volunteer. While volunteering, along with learning the structure and function of the agency and the processes of vocational rehabilitation, make contacts with the coworkers to use as future contacts. They will be useful resources when it comes to obtaining an internship opportunity.

- Keep in touch with the agency and other connections you make in the course of education and work experience, and collaborate with classmates who are already at an internship site.

- Getting referrals from the vocational rehabilitation program advisor and professors is another strategy to obtain internship. Even if the student can seek the assistance of program advisor and professors, it is still the student’s responsibility to connect, network, and maintain contacts to obtain the internship.

- Update your resume and cover letter with relevant skills and coursework

- Contact supervisors at the local DOR offices

- Ask for an interview

- After successful interview, fill out paperwork
  
  - State applications - [http://www.spb.ca.gov/std678.pdf](http://www.spb.ca.gov/std678.pdf)
    
    - The first part of the paperwork is filling out a state application. The application is for new employees but it is also used for interns. A copy of the application can be found at [http://www.spb.ca.gov/std678.pdf](http://www.spb.ca.gov/std678.pdf)
- The application can be filled out electronically or manually. Use a blue pen if the application is filled out manually. This is a requirement for all documents at the DOR.

- Before filling out the application, read the last page of the application, which has the instructions on how to fill out the application.

- The first part of the application is personal information. Some questions might not be applicable to an intern.

- The section right after personal information asks for the examination or job title for which you are applying. Ignore the examination part and just fill in Internship Position with the Department of Rehabilitation along with the city. Interns are not required to take any exams. For the author, the job title was Internship position with the Department of Rehabilitation, Antioch.

- The next part contains questions for the examination but just answer the question as if they are pertinent to the internship position. Even if you will not be taking an exam just answer the questions as if you would be. The questions are about reasonable accommodations.

- Don’t forget to sign the application at the bottom of the page.

- The second page asks for information about education, any licenses needed for the job and work history. Provide information regarding undergraduate and current graduate studies program in the education section. You do not
need any license to intern at DOR. The information for work history can be pulled from the intern’s resume.

- Once the education and work history section is completed, there will be a voluntary questionnaire section for the examination.

- Volunteer Agreement form – Refer to Attachment A.
  - Under the volunteer section, the intern should fill in their personal information.
  - Under the volunteer coordinator section, the intern should fill in information about the RC supervisor at the internship site.
  - Read through the document, sign and date at the bottom of the second page. The RC supervisor will sign and date under signature of volunteer coordinator.

  - Read through the document and enter your name in Part 1. Answer the questions in Part 2 if you are a non-citizen. Part 3 will require the intern’s signature and information on the internship site. This will be signed in front of the RC supervisor of the internship agency. The section on what day it is signed will be filled in by the RC supervisor. The Supervisor’s signature will go under authorized official’s signature and title.
Summary of Supervisors’ Expectations in an Intern

❖ Characteristics:

➢ Team player – good interpersonal skills.
➢ Ability to handle conflict – analyzes problems and finds solutions.
➢ Good verbal and written communication skills.
➢ Computer skills – ability to use calendars, basic knowledge to use AWARE.
➢ Good work ethic – on time and consistent, dependable.
➢ Responsible, energetic, compassionate, intelligent, have an understanding of people with disabilities.
➢ Ability to follow instructions and do the assigned work. Ability to multitask.
➢ Good personality - should not be totally passive or aggressive.
➢ Ability to listen and learn, adaptable.
➢ Ability to deal with adversity.
➢ Willingness to know how to handle clients professionally. Shouldn’t respond emotionally.
➢ Want to be there and are ready to jump in and work.
➢ Exude professionalism and treat people with respect.

❖ Knowledge & Skills:

➢ One of the supervisors said that when the intern comes for the interview they should blow their socks off with their knowledge of the Department of Rehabilitation. Supervisors said they expect the intern to have
Fundamental knowledge of rehabilitation and the process including understanding disabilities and how it impedes employment.

Knowledge about DOR and how it works. Know the job description for a rehabilitation counselor. What is expected of them as a vocational rehabilitation counselor?

Understanding of labor market, where and how to use them. Have the ability to verbalize their positions, be a good argument creator for clients.

Counseling skills – soft and hard confrontations, self-disclosure, boundaries, maintain professional distance.

- The ability to read, proper phone etiquette.
- Knowledge of copiers, fax machines.
- The ability to schedule time appropriately. Usage of calendars.

**Students’ Perspective in Preparing for the Internship**

- Study the rules and regulations of the agency which can also be found in the agency website: [http://dor.ca.gov/exec/preregul.htm](http://dor.ca.gov/exec/preregul.htm)
- All the courses in the program will be useful during your internship, but reviewing study materials from courses that specifically pertain to the nature of job at the internship site will be beneficial
- Review course materials from the medical, psychological and social aspects classes (EDS 260A and EDS 260B). This will be useful to read client’s medical records at the DOR.

- Review materials learned in job placement and work evaluation, and review the websites used in the courses such as Eureka.org and ONET for vocational exploration, dictionary of occupational titles, and JAN for job accommodations. They will be useful during the plan phase of vocational rehabilitation. EDS 262 is the seminar in counseling: job placement and EDS 264 is the seminar in counseling: work evaluation.

- Review case materials from the case practices class (EDS 263). This will help you learn the general process of rehabilitation such as the intake, vocational exploration, plan, and closure.

- The classes mentioned above are mandatory for the VRC program at CSUS. Current and former interns have also suggested taking the career development and career and job search courses from the EDC coursework as electives to learn more about the career aspect of the Vocational Rehabilitation Counseling. The career development class is EDC 260 and the career and job search class is EDC 268.
Department of Rehabilitation offices near California State University, Sacramento

- CAPITOL MALL BRANCH (130-16) (Sacramento County)
  
  (916) 558-5300 (Voice)
  
  (916) 558-5302 (TTY)
  
  721 Capitol Mall
  
  Sacramento, CA 95814

- LAGUNA CREEK BRANCH (130-03) (Sacramento County)
  
  (916) 691-1555 (Voice)
  
  (916) 691-1555 (TTY)
  
  8701 Center Parkway, Suite 100
  
  Sacramento, CA 95823-7919

- NORTHEAST SACRAMENTO BRANCH (130-02) (Sacramento County)
  
  (916) 537-2640 (Voice)
  
  (916) 537-2659 (TTY)
  
  (916) 537-2660 (TTY)
  
  7840 Madison Avenue, Suite 160
  
  Fair Oaks, CA 95628-3589

ROSEVILLE BRANCH (130-13) (Placer County)

(916) 774-4400 (Voice)

(916) 774-4416 (TTY)

151 N. Sunrise Ave., Suite 601

Roseville, CA 95661-2900

INTERNERSHIP AT DOR

Getting acquainted with DOR

- First order of business will be getting a username and password to have computer access. The RC supervisor will contact the help desk situated in the district office in Sacramento and will be provided a username and a temporary password for the intern. Create a new password after the first log in.

- To use AWARE (the DOR’s documentation system), the intern will have to use the same username as before but create a new password. This can be done at the AWARE website. If the intern has any issues logging in, they should first try to get help from the assigned counselor and then call the Help Desk if needed. The number for the IT help desk is 916-558-5590. (http://www.dor.ca.gov/exec/adminstr.htm).

- Next order of business will be to set up the intern’s office phone. The intern will have to set up their voicemail message and create a password to check the voicemail.

- For some interns, the first couple of weeks will be training and it will take some time before you start to meet clients one on one. For others they will be given tasks to meet with clients and take on caseloads immediately. It all depends on the DOR office and their average caseloads. There are offices that have counselors carry an average of 40-50 caseloads and others that have an average of 100. The offices that tend to have a heavy caseload, and have previous experience with interns, tend to give out cases to interns at a faster rate. Offices with a lighter caseload and less
experience with interns might spend more time in training and have interns observe
before giving them cases.

➢ **Supervisors’ take on Caseload:**

- The intern will be given cases to handle based on their experience. For example, if the intern doesn’t have any experience and doesn’t seem very knowledgeable, they will start with basic administrative tasks. Others with experience will start at a higher work level. Some have been in office for a year before they even started their internship.

- Depending on the intern’s experience, skill level, willingness and confidence, the intern might not work independently with the consumer until the end of their internship. They would complete assignments instead.

- The first 200 hours will be lots of monitoring and after 200 hours, they do the orientation and start meeting clients as a regular full time counselor.

- The intern will work on no less than 20 cases before they leave and will be supervised on all of them.

ǖ During training, familiarize yourself with Title 9, Division 3 of the CA Code of Regulations, Rehabilitation Administration Manual Chapter 30, and explore the shared network G-drive in the computer. Title 9, Division 3 of the CA Code of Regulations can be found under List of CCR Titles.

http://ccr.oal.ca.gov/linkedslice/default.asp?SP=CCR-1000&Action=Welcome
Supervisors’ take on Training:

- The intern will read the California Code of Regulations and the case recording process handbook. What we need to gather during each phase can be found in CCR and case recording process.
- Also, the intern will watch the orientation video.
- Each intern will be assigned a counselor. They will be asked to sit in on the counselor’s appointments, like orientation and intakes, so that they can observe, learn and practice when the interns meet with clients. Counselors will take them through vocational rehabilitation process and align it with CCR.
- The training approach is coaching, mentoring, and providing manuals and research materials.

The G-drive which is the network drive is a resource with a plethora of information that contains all the chapters of the Rehabilitation Administration Manual. It has samples of various phases of vocational rehabilitation and state plans and such. Any document that needs to be shared within the DOR community will be placed in the G-drive for easy access. It can be accessed by logging into the computer and choosing computer tab from the start menu. All the chapters of the Rehabilitation Administrative Manual or RAM can be found in one of the folders in the G-drive. Make sure to read Ch. 30 of RAM since that is the manual for vocational rehabilitation process.
Also, explore the DOR intranet site accessible to DOR counselors and interns. It is the homepage on the web browser. The intranet can be accessed once the interns receive the username and password for the computer system. The intranet site provides CA Code of Regulations, staff training information, updates to the state plans and much more.

Ask for old and current cases from various counselors in the office to review and to become familiar with the case process.

Learn the computer system: AWARE. This might sound intimidating in the beginning, but this is a rather user friendly system that makes it easy for the counselors to maintain case records. Each office will have an AWARE manual which is a 400-500 page binder broken down into sections. The first part explains each aspect of AWARE and the following sections are training exercises that interns can do to learn the program. After many years of using CIDOR the computer system, DOR currently upgraded to the AWARE system. AWARE makes it easy for the counselors to input data about clients, and reminds counselors where the client’s case stands and what needs to be done at the appropriate times. It is a very useful tool and easy to use.

- **Supervisors’ take on AWARE Training:**
  - The unanimous advice on how to train interns in AWARE was hands on training.
• Each intern will be given a demonstration of AWARE and asked to read the manual.

• One supervisor said that the intern will be given special projects based on their computer aptitude in order to get experience in AWARE. For example, the intern might be asked to give a report on a specific aspect of AWARE or asked to do 50 annual reviews and such. The interns are expected to learn by going into AWARE and exploring it.

• The counselors make sure the intern is not overwhelmed or fail. If the intern does feel overwhelmed, then they can approach the counselor and ask for help. The interns will also have access to AWARE guide and the FAQs if they get stuck.

➢ Acquaint yourself with the community agencies and partners. DOR works hand in hand with the community agencies and partners to help clients and they are useful resources. Community partner is an agency that has a contract or Memorandum of Understanding (MOU), and a community agency is when the DOR has an understanding with the agency but they do not have contracts. The first few weeks might be slow in terms of meeting with clients. At that time or during other downtimes, make community visits to the DSPS offices at the local community colleges, one stop centers (http://www.dor.ca.gov/eps/onestops.htm), adult education centers, and other community agencies to familiarize yourself with what the client will experience when you send the client to those facilities.
Also, if you are new to the internship site area, then it is good to know the available resources nearby that you can refer the clients to during your sessions. One way to accumulate these resources is just going on the internet and searching for them. Also, asking other counselors about the resources they use for their clients will be beneficial. For example, if a client needs computer training, finding a community partner that offers free computer classes will be a useful resource to the client. For clients with no work experience, working in a Goodwill warehouse sorting merchandise will help clients gain transferable skills; Goodwill is a DOR community agency. The AWARE system has a list of all the vendors, also known as community partners, in the Vendors Module of the AWARE system.

➢ **Supervisors’ take on Community Agencies/Partners**

- Interns should have a relationship with the agencies and go out and visit them.
  - Here is a list of the community agencies and partners that work closely with DOR in the Sacramento Region:
    - PRIDE Industries
    - On My Own
    - America at Work
    - Lincoln Training Center
    - Dream Catchers
    - Crossroads
Another great resource is the Individualized Service Providers or ISP, and other fee for service based agencies who work with DOR clients as job developers. Job developers guide the clients to find a job. They help clients prepare resumes and cover letters, shop for interview clothing and even drive clients to the interviews. They will be a good source of information about the job market and what fields are currently hiring. Observing the job developers will help gain information on how to do vocational exploration and job placement activities. As a counselor, you are responsible for helping your client find employment, and job developers are your partners who help you achieve the goal of finding employment.

Make yourself and your availability known to the counselors. Ask if you can observe various counselors with their clients. Part of the 600 hours of internship is 240 hours of client face-to-face time. Face to face time is not limited to meeting with your
clients, but also sitting in on counseling sessions. This is a good way to learn about various counseling styles.

➢ **Supervisors’ take on Supervision**

  - Some supervisors assign one supervising counselor and a secondary counselor. Also, the intern works with other counselors and thus, works with different types of cases.
  - The assigned counselor gives the basic training.
  - Interns will work under a supervisor with multiple counselors who help them get a wide variety of cases to handle like TPP, foster youth, mental health, supportive employment, and generalist. The intern will also spend time with the clerical staff unit since everyone’s work impacts each other. Sometimes, the intern can be reassigned to a different counselor based on circumstances.

➢ Another way to learn about DOR is by being the Counselor of the Day (COD). Any walk in client will meet with the counselor of the day to gain information on DOR and the services they provide. This will not only help you gain face-to-face hours but also help you learn about DOR. When you explain and try to find the answers for the client’s questions, you will learn something new. Duties of the Counselor of the Day are to attend phone calls from potential clients and to meet with walk in clients. The COD will determine if a caller is a potential client through a series of questions. Three basic requirements is that the individual should have a disability, the disability should be an impediment to work and the individual will benefit from the services
DOR provides to help gain employment. After determining if the individual does have a disability, the COD will enter information such as the caller’s name, address, and their disability information in the Referral Module of the AWARE system and provide an orientation time for the individual to meet with a counselor. Some of the other questions to ask to determine potential clients is to find out if they are SSI or SSDI recipients. SSI and SSDI recipients are considered presumptive eligible. Unless their disability is too severe and they will not benefit from the services DOR offers, they will be considered eligible and placed in plan. If they are SSDI recipients, they will have to be released by their doctors to work. If the individual or walk in client is a returning client, then they will be referred to their original counselor. If the client is receiving services from the regional center then the counselor will work in partnership with their regional center case manager. If the client is currently receiving psychiatric services from the county or a private facility, they will be asked to meet with the representative from the county who works in partnership with DOR to help clients find employment. Another question to ask is if the potential client is currently in high school. If they are, then the COD will get their high school information and this client will be referred to the counselor with the TPP or Transition Partnership Program caseload. The TPP is a partnership between local high schools and the DOR to help students with disabilities find employment, or receive training towards employment after they graduate from high school. All of
this information will be useful in determining if the client is eligible to receive services and to couple clients with the right counselor.

**Case Process of DOR**

**Orientation**

- Orientation is the first phase the client goes through to receive services from the DOR; this is before the intake. Each counselor will do orientation in their own style. Some conduct the orientations one-on-one while others do it with numerous clients at one time. Commonly, the clients will watch a video prepared by the DOR which states the mission, the services DOR offers, the vocational rehabilitation process the client will go through and three successful client stories. At this time the main thing to note is that the clients will learn that DOR doesn’t just hand out jobs, but they work with the client to help find the best fit employment. It emphasizes that to have a successful vocational rehabilitation process, it is up to the client to take initiative and to work hand-in-hand with the assigned counselor to achieve the final goal of employment. After the video, the clients will be given an intake packet to take home along with a date to come back with the completed intake packet. They are also asked to bring proof if they are recipients of SSI or SSDI. Intake is the second phase of the vocational rehabilitation process. The clients are encouraged to fill out as much information as possible, and if they are not familiar or don’t know how to answer a question, they are encouraged to ask at the intake session. Each counselor has their own style of intake packets and some samples will be provided at the end.
The orientation will take approximately 30 minutes with the video running for 16 minutes.

- Refer to Attachment I for the referral letter for the orientation.

**Intake Interview**

- Next step in the Vocational Rehabilitation Process is the intake interview. Clients will bring the intake interview packet which consists of an application, medical health questionnaire, work history questionnaire, cell phone policy, voter registration form, rules and responsibilities form to the meeting with their counselor or intern. The intake session is the perfect time to learn about the client. For this meeting, the client should also bring their proof of SSI or SSDI. Anything as simple as a bank statement that shows the client receiving money from the state will work. Intern should find out what the client expects to achieve through their services. The client should be informed that DOR is a work based program and that the client’s final goal should be towards feasible employment even if they are originally there to get training. The intern should find out the client’s current monthly income and their source of support. The intern should collect family background information, work and medical history and how the disability impedes the client’s ability to work. The intern should get as much information as possible on their disability and their impediment to work so that when they are entered into AWARE, the level of disability can be calculated by the system.

- Key things to remember during the intake session
- Intern should give a Consumer Information Booklet to the client and explain the contents of the booklet.
- Intern should go over the rules and responsibilities to the client and let the client know that they have informed choice throughout the whole process.
- Client and intern should both sign the application during the intake session since that is the start date for their application.
- Client and intern should also sign the medical questionnaire during the intake session, after they discuss the disability and how it impedes the client’s ability to work.
- During the intake session, the intern should get the client to sign medical releases so that the DOR can gather the client’s medical records to confirm the client’s disability and the severity of the disability. If the client has not been to the doctors in a while, then they can be referred to an evaluator to determine the mental stability and to find out if a specific career is possible based on the client’s interests and their disability.
- If the client doesn’t have much work experience then they can be placed in a trial job to determine their skills and abilities. Trial work experience will last for a week, and at the end of it the intern will receive a report from the client’s evaluator from the trial work experience site.
- Obtain medical records or establish communication with the client’s trial work experience evaluator or a client’s previous case manager. Such releases need
to be signed by the client giving the intern permission to communicate with the various officials involved in the client’s life.

- If the client has a medical release form then intern should decide how long the release has to be valid. For example, sometimes the intern might need ongoing communication with the client’s doctor, and in that circumstance, the release will be for a year. Sometimes it might just be to gather the client’s medical records and that can be valid for a month. For non medical purposes, a non medical release form needs to be signed. This will be utilized if the client requires the presence of their family members or case managers from the regional center during the process of vocational rehabilitation. Release of information gives the intern ability to communicate about the client, their needs and their vocational rehabilitation process with the people the release is signed to.

- Refer to Attachment C for the consent to release medical information form.

- Intake appointments are usually an hour long. Some counselors give clients homework to collect five to ten job leads in the field they want to work before their next meeting with the counselor. These counselors say that this will help the client realize that they are an active participant in the vocational rehab process.

- Intakes are also a good time to assess the client’s mental stability, physical demeanor and behavior. If they are well dressed, well groomed, on time and able to answer the questions coherently, then it’s a good indicator that they may be job ready. The
Intern should be on the lookout for any red flags about the client not being job ready. For instance, some clients may come in a manic state, demand that they need services right away and can be pushy. Some have unrealistic goals and at that time, the intern will have to explain the DOR procedures to the client. The DOR process can be time consuming and it may take some time before DOR starts providing services. The unrealistic goals will have to be addressed and client should be guided to more realistic goals.

- After the intake interview, the intern will input the gathered information in AWARE. After intake the client’s eligibility needs to be determined by the intern. Sometimes this might take awhile because intern needs to wait for the client’s medical records. If the client brings proof of their presumptive eligibility, then the intern can use that information and determine client’s eligibility and level of disability in AWARE.
- Refer to Attachment B for the intake packet.

**Eligibility Determination**

- After intake, the next step is eligibility determination. According to the Consumer Handbook, a client who meets the three eligibility factors can be eligible for DOR services.
  - The client has a physical or mental disability.
  - Client’s impairment causes an impediment to work.
  - Clients require and will benefit from vocational rehabilitation services to help obtain and retain employment ([http://www.dor.ca.gov/eps/howtoapp.htm](http://www.dor.ca.gov/eps/howtoapp.htm)).
Before a client’s eligibility can be determined, the client needs to show proof of their disability. There are two criteria of eligibility through which a client can become eligible. One is that the client is eligible because they have presumptive eligibility, which is when a client is a SSI or SSDI recipient because of their disability. For verification purposes a client can bring the award letter, a check stub or a bank statement to the intake appointment.

If the client is not presumptively eligible, then the client’s eligibility is determined by their disability, which leads to impediment to employment. For verification the information about the client’s disability and impediment to work has to be provided by the client’s doctor. Interns will request the client’s medical records upon the client’s signature on the release of information during the intake.

If the client is a recent graduate from high school, then collecting their IEP (Individualized Education Plan) from the schools might be beneficial to learn about the client. During the author’s internship, the author observed numerous intake sessions of clients from high school. One thing that was common in all the clients was that they were not very talkative. Some didn’t know what they wanted from DOR and others were accompanied by their parents and who did most of the talking. Some clients wanted to be fashion designers, and own their own stores. In these situations the intern has to focus on the client, make sure the client is ready to take on the responsibility of the vocational rehabilitation process and also see if their goals are realistic. One of the clients wanted to know how to become an actor.
When a client seems to have a severe disability and intern is unsure whether the client will benefit from the services, the client can go through trial work experience before the client is determined to be eligible. Trial work experience is when a client is placed in a work assessment setting to determine if they will be employable with their disability. This will meet the third eligibility factor requirement. According to the Community Rehabilitation Program Guide to Certification and Vendorization, situational assessment activities or trial work experience activities might include simulated work trials, opportunity to experience actual job duties and activities with wages paid per Department of Labor guidelines, job exploration, observation, job shadowing and volunteer opportunities for the client (www.dor.ca.gov/eps/CRP-Cert-n-Vend.rtf) During the trial work experience, the client can be placed in extended evaluation and their eligibility determination can be extended.

After the client’s eligibility is determined, the intern fills out the eligibility determination document in AWARE and also determines the level of significance of disability based on the information gathered during the intake.

The intern will send a Notice of Eligibility & Priority for Services letter, which can be found in AWARE, to the client. This document will let the client know the criteria used to determine their eligibility and the priority category. Priority category is determined through the process of determining the Level of Significance of Disability (LSOD). The client can be most severely disabled which is priority category 1,
severely disabled which is priority category 2 and disabled which is priority category 3.

- This is a very important step in the vocational rehabilitation process. This is the main filtering process in determining who receives services from DOR and if the clients will benefit from the services. If the intern determines a client is eligible but they are not job ready, then resources and efforts put into that client can be futile. For example, one of the author’s clients was determined to be presumptively eligible and the client was given a job developer for job related services (JRS). The author also worked with the client and helped to find a job, but the client quit after couple of days at the job because they couldn’t handle the pressure. Then the client was placed in a training environment to brush up on their clerical skills to find employment in a clerical setting and the client quit that program within a week as well. It seemed time, energy and money was spent on client when the client was not ready to get back to work. The intern should make sure the third factor of eligibility determination is met by every client during this process.

- If the intern is having difficulty in obtaining medical records or proof of presumptive eligibility, then the intern can fill out eligibility extension paperwork and extend the number of days to determine eligibility. The eligibility determination extension must be done prior to the exhaustion of the 60 days of eligibility determination with the consent of the client and RS.

- Refer to Attachment D for the eligibility determination forms.
Vocational Exploration

- Vocational exploration is a core step between the counselor and the client to determine a feasible vocational goal. Counselor and client will discuss the client’s strengths, abilities and capabilities to find the right vocational goal.

- Clients usually come to the DOR with a goal in mind. During the author’s internship, some of the common career choices encountered was truck driving, CNA (Certified Nursing Assistant), medical assistant, janitors, electrician, computer technician, retail worker and delivery driver.

- Vocational exploration is the time to guide the client in finding a realistic goal. If a goal has already been chosen, then it is the time to explore if it is a viable career choice. One way to do this is for the intern to meet with the client and look for job opportunities for the chosen career in job search websites such as indeed.com, careerbuilder.com, simplyhired.com and craigslist. The intern can also take the client to the labor market information website or ONET Online and see how much they will earn and the job outlook for the future. One of the counselors the author worked with during her internship had the client gather information on their chosen careers and collect ten job opportunities in that field. This way, the clients will be able to realize how their choice of employment will pan out.

- During the DOR supervisor interviews, the author found out that knowledge about websites that focused on labor market information and ONET is one of the key skills required of interns.
During vocational exploration, the intern should complete a labor market survey with the client to see if there are job openings for the chosen vocation, and what the job outlook is like for the upcoming years. To see if there are jobs available in the local community, the intern should search for jobs with the client in indeed.com and other job search websites.

It is imperative that the intern assists the client in choosing a good career path. The client’s IPE will be based on their employment goal. The intern should be able to justify why the career was chosen to the RS for the IPE to be signed and the services to be provided.

Vocational exploration will vary from office to office and from counselor to counselor. It is important that the intern finds their own way of conducting vocational exploration. The employment goal chosen by the client should meet their interests, aptitudes, prior training, education, skills needed for job and the labor market outlook for the employment must be good.

**Individualized Plan for Employment (IPE)**

IPE is the next step in the vocational rehabilitation process. IPE is a written plan that delineates the client’s job objective and all the services provided by DOR to help find and retain employment.

Once the intern develops some plans, IPE’s will become an easy task because most of them will have common elements. For example, if two clients are planning on the same vocation, then the labor market information will be the same for both clients as
the answer to the question “please explain how this choice of employment goal will lead to a job.” The steps needed to reach the employment goal will also be similar for most clients such as finish school with good grades, follow up on doctor’s appointments, keep in touch with the counselor and job developer at all times. In such cases, developing the plan in Microsoft Word and then copying similar things from one plan to another is common among counselors. Many counselors have all of their IPEs saved in MS Word format which makes it easier for them to cut and paste and modify for a specific client. AWARE allows the copy/paste function, which makes developing IPEs an easier task.

- Also, the interns can ask for sample IPEs from other counselors at the internship site when they are developing the first few IPEs.

- The first part of the IPE will have the employment goal listed along with the reasoning for choosing such an employment for the client. The second part will delineate the services that DOR will provide for the client to achieve that goal.

- Key things to focus on when developing the IPE is to determine that the employment goal chosen for the client is feasible, and that the labor market outlook for that employment is good. The intern should focus on why the employment goal was chosen and make sure the goal matches the client’s interests, aptitudes, prior training, education, skills needed for the job.

- Common services available for all the clients are counseling and guidance, books/supplies/tools and tuition, transportation, job related services, interview and/or
work clothing. On top of these services, there might be additional services that a client may need and they will be determined on a case by case basis. For example, a client may need CPR license for the job and that can be listed in the IPE for the client.

- Rest of the IPE is the intern providing a rationale on why the employment goal was chosen, why the particular services will be provided and how the client will be monitored during this phase of the vocational rehabilitation process. As said earlier, when there is money involved, the intern will be placed under much more scrutiny. If DOR is going to spend numerous resources and money on a client, then the intern better make sure that the client is job ready and will benefit from these services. The intern should also make sure that the chosen employment goal is something that holds the client’s interests and will help sustain the client.

- Refer to Attachment E for the individualized plan for employment forms.

**Authorizations**

- Authorizations are the way to authorize money transactions for the services funded by DOR to achieve a client’s employment goal.

- When it comes to authorization, interns should focus on the rationale portion of the authorization. This is where the intern justifies why this service is a necessity for the client. The intern needs to provide an explanation why the client will benefit from this service and why a particular vendor is chosen.

- Common authorizations are for vocational assessments, transportation, employment preparation, job development and placement activities and interview clothing. These
common authorizations are done for varying lengths of time and are usually at a set rate for each service.

- The ability to communicate and come up with a clear rationale to help the client is another characteristic that the interns must possess before their internship according to the supervisors.

- An example of a rationale for authorization is that the client needs transportation to help participate in employment development activities such as meeting with job developer. Another rationale is the client needs interview clothes to attend career fairs and job interviews.

- Interns will not be able to authorize purchases but they can fill out authorizations in AWARE, and send it to the counselor who will then send it to the supervisor for approval. Authorizations are done as case notes in AWARE; there is not a specific form to fill out for authorizations.

- Once the supervisor approves the purchase, the counselors or interns send it to their specific program technicians who will then send it out to the appropriate vendors.
  - One of the DOR supervisors mentioned that the intern will observe the program technicians and learn their job processes to understand the big picture of the DOR as part of their training.

- Another source to learn about authorizations is www.dor.ca.gov/eps/CRP-Cert-n-Vend.rtf
Monitoring/Communication

- Throughout the course of a client’s vocational rehabilitation the intern will communicate with various entities on behalf of the client. The intern will maintain communication with the client and other service providers through letter, phone or email. The template for letters can be found in AWARE. Once the letter is created, it is saved under the client’s profile.

- After the intern writes an IPE for the client, the client’s services begin. During this monitoring time, the intern should communicate with the client as well as the service providers. The intern can have an in person meeting or contact the client via phone or email. One of the counselors said they should be in touch with the client at least every two weeks to check on their progress. The number of times the intern will meet the client will vary on case by case basis. For example, a client with a training plan will be required to meet with the intern every semester or quarter before their school starts. For a client with a vocational plan, the intern will meet with the client every two weeks to check on the progress they are making in attaining the vocational goal. After the client is employed, the intern should meet or contact the client via phone on a monthly basis until their case is closed, to make sure the client is not having any problems at work.

- Interns are in constant communication with service providers to monitor the client’s progress. For example, if a client is in a training program then the intern and the service provider at the training program will communicate through reports on client’s
progress. The clients are asked to provide grade transcripts at the end of each semester or quarter. The clients are also required to provide the certificate after they complete their certification program. Sometimes the service providers will contact the intern if they are having any issues with the client. During the author’s internship, one of the clients left early during a class during the training program after being very flustered in class. The client did not return to the classroom after going out on a break. The supervisor of the training program contacted the client’s counselor and let them know of this situation. Since this client was part of the intern’s caseload, the counselor asked the intern to contact the client and find out what was going on. The client was brought in to have a meeting with the counselor and the intern. Once the counselor and intern talked to the client, they were willing to give the classes another chance and went back to the training program. This kind of communication between training facilities and the interns will help monitor the client’s progress in attaining their vocational goal listed in the IPE.

- Transportation, clothing, training, assistive technology and job developer service are few services on the IPE. As soon as the IPE plan is approved by the supervisor, the intern needs to work on the authorizations. For example, if the client is in a training program and needs assistive technology for that program, then the intern needs to fill out an authorization for that assistive technology equipment. They should also complete authorizations for transportation which are usually done for three month increments. The intern also needs to fill out an authorization for job development
activities. Once the client starts to go to interviews for employment and the clients require proper interview clothes, then the intern needs to do an authorization for interview clothes. AWARE helps the intern by showing reminders as “to do’s” when the intern has to do an authorization for transportation for the following three months after the current authorization is exhausted. The intern should also let the client know that they can contact the intern if they are not receiving their checks or they need any other services.

- Refer to Attachment I for various letter communication forms.

**Job Placement**

- In the job placement phase, the intern should connect the client with an Individual Service Provider (ISP) or job developer with an agency who will help the client find suitable employment. Counselors set up clients and job developers based on their personalities or specialties. There are some job developers who specialize in a specific field, and clients looking for jobs in that field will be better suited with those job developers.

- Interns will be required to fill out forms in AWARE and authorization for the job related services. The forms consist of the client’s work history, signed non-medical release and medical questionnaire along with an application for the ISP. The authorization will be for ISP/JD intake, job placement and retention.

- Interns can ask the counselor in charge for a sample job related service authorization and the rates for the job related services.
The ISP will give a bi-weekly report of the client’s progress to the intern. If the job developer is having some difficulty with the client or the client is not putting their full effort into the job search, then the job developer’s report will mention those issues. The intern will contact the client through phone or send them a general letter asking the client to call to set up an appointment. During the author’s internship, there were frequent meetings between the counselor, job developer and the client, due to the lack of participation from the client.

The ISP or job developer will help the client prepare a resume, cover letter and aid the client to gain interview skills. The ISP or job developer will also help the client shop for interview and work clothes after it is authorized by the intern. The ISP or job developer will take the client to interviews with potential employers, various job placement circles and career fairs and interns can join their clients at the job placement circles.

It is important for an intern to understand the ISP or job developers’ roles and specialties so that she or he can be well informed and know more in depth about the services clients will receive. For example, the author observed one of the job developers at the Antioch office during her internship and learned valuable information such as various job search websites which proved to be helpful when the intern helped clients with their job search. If the author hadn’t observed the job developer, she wouldn’t have known Craigslist was a great source to gather job openings. It is easy to apply on Craigslist because the clients can just send in their
resume and cover letter to the email address provided in the job opening, and quickly apply for numerous job openings in a day. In other job search websites, the client might have to fill out a long application which can be time consuming and the number of applications the clients can apply to in a day will be minimized.

❖ Once the client is placed in a job, they need to provide the intern with information of their employment such as work location, work hours, salary and their new employer’s information. The intern enters this information into AWARE.

❖ Refer to Attachment G for the job placement information form.

Annual Review

❖ If the duration of client’s IPE is more than a year, then the IPE must be reviewed. Due to the time constraint of 600 hours for internship, the intern might not get a chance to work on annual reviews for the IPE’s they wrote. They can help the supervising counselor with their annual reviews after reviewing the client’s case file.

❖ The annual review must include the client’s progress toward the employment goal, services provided to the client and the results of those services, plans for future services, and the intern’s thoughts on the clients participation in services and progress toward the vocational goal.

❖ The intern will send two copies of the annual review to the client. One for them to sign and send back to be placed in the client’s folder, and another for their own use. If the clients don’t agree with the annual review of their progress, they can contact the intern and set up a meeting to go over their annual reviews.
Refer to Attachment F for the annual review form.

**Closure**

- Closure is when the client’s case with DOR is closed. Closures can be either successful or unsuccessful. If the client attains the goals set in the IPE, then the case can be closed successfully which means the client has been rehabilitated. The case will be closed unsuccessfully if the client does not meet the goals set in the IPE.

- A case will be closed under rehabilitated if the client has been employed for the past 90 days. Before the case is closed, the intern will contact the client to inform them that their case will be closed successfully and find out if everything is going well with the client’s employment. The intern can check with the client on a monthly basis if the client is having any difficulty and has not reached out to the counselor or the intern.

- Non-rehabilitated closure can occur at any stage of the vocational rehabilitation process. If the client is a no-show for appointments and they lose contact with the RC, then the case will be closed. Before non-rehabilitated closure, counselor will attempt to contact the client if they miss their appointment via phone or send an appointment letter out to the client. If the client doesn’t respond to these attempts of communication then a 10 day letter will be sent out saying your case with DOR will be closed if they do not contact the counselor within the 10 days and a date will be given for the 10th day. If client doesn’t respond to the counselor within those 10 days, then the case will be closed under non-rehabilitated.
Non-rehabilitated closures can occur at any point after the client becomes an applicant. Some clients attend orientation but are no-shows for the intake. The clients will be left in the referral module and will not be moved to the participant module. Some clients will attend intakes but break contact with the counselor after it. Then, the case will be closed non-rehabilitated.

Most non-rehabilitated closures are due to the client’s lack of involvement in the process of vocational rehabilitation. One example of a non-rehabilitated closure is when a client leaves a job without letting the counselor know ahead of time. In cases like this, the counselor needs to refer to RS. Another example can be if the client drops out of the program and loses touch with counselor and job developer. If all attempts to reach the client have failed after sending the 10 day notice letter, then the case can be closed.

Closure reports and letters can be found in AWARE. The key thing to focus on closures is providing justification for why a case is closed either rehabilitated or non-rehabilitated. RS will have to approve the closure report and a letter has to be created and sent to the client. Once the closure report is reviewed by the RS, the closure date will be entered by the RS and the case is then closed. A copy of it will be sent to the client along with the closure report.

Refer to Attachment J for the closure report forms.
Attachments

- Unfilled forms of the different phases of case processes are attached to help the interns be familiar with them even before they start the internship.
- Looking at the forms and then reading each corresponding section in this guide will help the interns understand the case processes and documentation procedures.
ATTACHMENT A

State Application for Internship Position

Volunteer Agreement

Oath of Allegiance

Criminal Record Supplemental Questionnaire
Applications will be processed ONLY for classifications where an examination is in progress and the published final filing date has not passed, or for vacant positions where a department requests an application.

PRINT OR TYPE — PLEASE SEE INSTRUCTIONS ON BACK PAGE

EXAMINATION/EMPLOYMENT APPLICATION

APPLICANT IDENTIFICATION NUMBER (EASY ID):  
FIRST LETTERS OF LAST NAME AT BIRTH  
MONTH OF BIRTH  
DAY OF BIRTH  
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER  
EASY ID  

APPLICANT’S NAME (Last)  
(M.J.)  

MAILING ADDRESS (number)  
(Street)  
E-MAIL ADDRESS  
WORK TELEPHONE NUMBER 

City  
(Country)  
(State)  
ZIP Code  
HOME/PRIVATE TELEPHONE NUMBER

EXAMINATIONS OR JOB TITLES FOR WHICH YOU ARE APPLYING

PERSONNEL USE ONLY

ANSWER THE FOLLOWING QUESTIONS:

1. Enter the county in which you would like to take the examination if different from the county of your residence: ____________

2. Do you need reasonable accommodation to take an interview or written test? YES  NO

3. Do your religious beliefs prevent you from taking an examination on Saturday? YES  NO

4. Are you now employed by the State of California? (If "YES", fill in the information below.) YES  NO

   Department: ________________________  Subdivision: ________________________

5. Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Applicants who have been rejected during a probationary period, or whose dismissals or terminations have been overturned, withdrawn (unilaterally or as part of a settlement agreement) or revoked need not answer "Yes".) Refer to the instructions for further information. If "Yes" to Question 5, give details in the Explanations section.

6. In addition to English, list any other languages you:

   a. possess verbal fluency in ____________________________

   b. possess written fluency in ____________________________

7. I certify I can type at a speed of ________ words per minute. (For typing applicants only.) YES  NO

(ANSWER QUESTIONS 8 AND 9 ONLY IF THE EXAMINATION INDICATES THEY ARE REQUIRED)

8. Do you meet the minimum and/or maximum age requirements? YES  NO

9. Do you possess a valid California Driver License? (If "YES", fill in the information below.) YES  NO

   Class: ____________________________  Restrictions: ____________________________

EXPLANATIONS

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING — If not signed, this application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize the employers and educational institutions identified on this application to release any information they may have concerning my employment or education to the State of California.

APPLICANT’S SIGNATURE

APPLICANTS—DO NOT USE THE SPACE BELOW—FOR PERSONNEL USE ONLY

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STATE OF CALIFORNIA — STATE PERSONNEL BOARD

EXAMINATION/EMPLOYMENT APPLICATION
STD 478 (REV. 2013) Page 2

APPENDIX NAME (Last) (First) (MI) SEX ID

EDUCATION

Y [ ] N [ ] YES [ ] NO [ ]

UNIVERSITY OR COLLEGE—NAME AND LOCATION, COURSE OF STUDY

DIPLOMA, DEGREE OR DATE COMPLETED

CERTIFICATE OBTAINED

LICENSES – LIST APPLICABLE LICENSES AND CERTIFICATES INDICATED IN THE EXAMINATION BULLETIN.
(If you are an attorney, please indicate the date you were admitted to the Bar under the Issue Date column, if stated on the examination bulletin.)

LICENSE/CERTIFICATION NUMBER

ISSUE DATE

EXPIRATION DATE

IN THE SPACE BELOW, INDICATE SPECIFIC COURSE REQUIREMENTS NEEDED TO SATISFY REQUIREMENTS FOR THIS EXAMINATION

EMPLOYMENT HISTORY—Begin with your most recent job. List each job separately.

FROM (MM/DD/YY) TO (MM/DD/YY) TITLE/JOE CLASSIFICATION (include range or level, if applicable) SUPERVISOR NAME

HOURS PER WEEK TOTAL WORKED (Years/Months)

COMPANY/STATE AGENCY NAME SUPERVISOR PHONE NUMBER

SALARY EARNED PER

ADDRESS

DUTIES PERFORMED

REASON FOR LEAVING

FROM (MM/DD/YY) TO (MM/DD/YY) TITLE/JOE CLASSIFICATION (include range or level, if applicable) SUPERVISOR NAME

HOURS PER WEEK TOTAL WORKED (Years/Months)

COMPANY/STATE AGENCY NAME SUPERVISOR PHONE NUMBER

SALARY EARNED PER

ADDRESS

DUTIES PERFORMED

REASON FOR LEAVING

...
STATE OF CALIFORNIA — STATE PERSONNEL BOARD

EXAMINATION/Employment APPLICATION

STD. 670 (REV. 6/2015) Page 3

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STATE OF CALIFORNIA — STATE PERSONNEL BOARD

EXAMINATION/EMPLOYMENT APPLICATION

STD. 678 (REV. 5/2015) Page 4

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EQUAL EMPLOYMENT OPPORTUNITY
(For Examination Use Only)

APPLICANT: To assist the State of California in its commitment to Equal Employment Opportunity, applicants are asked to voluntarily provide the following information. This questionnaire will be separated from the application prior to the examination and will not be used in any employment decisions. Government Code Section 19705 authorizes the State Personnel Board to retain this information for research and statistical purposes.

APPLICANT IDENTIFICATION NUMBER (FOR EXAMINATION USE ONLY)
FIRST NAME OF LAST NAME OF
LAST NAME OF BIRTH MONTH OF BIRTH DAY OF BIRTH LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
EASI ID

AGE
□ UNDER 21 □ 21 - 39 □ 40 - 49 □ 50 AND OVER

GENDER
□ MALE □ FEMALE

ETHNIC CATEGORY (Please check the box that best describes your race/ethnicity):

□ AMERICAN INDIAN OR ALASKAN NATIVE—Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

□ ASIAN—Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.

□ BLACK—Persons having origins in any of the black racial groups of Africa.

□ FILIPINO—Persons having origins in any of the original peoples of the Philippines.

□ HISPANIC—Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

□ PACIFIC ISLANDERS—Persons having origins in the Pacific Islands, such as Samoa.

□ WHITE—Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Other (Specify):

□ DISABLED—A person with a disability is an individual who: (1) has a physical or mental impairment or medical condition that limits one or more life activities, such as walking, speaking, breathing, performing manual tasks, seeing, hearing, learning, caring for oneself or working; (2) has a record or history of such impairment or medical condition; or (3) is regarded as having such an impairment or medical condition.

□ MILITARY—A military veteran; a widow or widower of a veteran; or a spouse of a 100% disabled veteran.

How did you learn of this Examination?
□ TELEPHONE JOB LINE □ WORD OF MOUTH □ INTERNET
□ ADVERTISEMENT □ EXAMINATION BULLETIN LOCATED AT

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE
INSTRUCTIONS

Read the following instructions carefully before completing this Application. Please complete the Application on a typewriter or personal computer or print in ink. All questions must be answered completely and accurately, except as noted. You may be disqualified for any false or misleading statements or for omitting information. The information you furnish will be used to determine your eligibility and/or may be the basis for arriving at your final rating in an examination. During the course of an examination, you may be requested to provide additional information regarding your qualifications, your preference regarding work location, shifts, etc.

Easy ID - You are required to provide the following tracking information on the application. The first three letters of your last name at birth, the month and day of your birth and the last four digits of your Social Security number. If you have already established an Easy ID in the online system and it is different, please provide that Easy ID.

Social Security Number - Providing this is voluntary in accordance with the Privacy Act of 1974 (PS 93-579). However, if the Social Security Number is not provided, the department administering this examination will be unable to process your application for purposes of granting Veteran's Preference points, Career Credits, written test waivers, or to check for eligibility in promotional examinations.

Home/VRS/TTY Number - Provide your 10-digit home telephone, Video Relay Service (VRS) phone number, or Text Telephone (TTY) phone number.

Examination Title/Job Title - Fill in the exact title of the examination from the examination bulletin. Promotional examinations are only available to those who currently meet the criteria to apply on a promotional basis (i.e., civil service employee, veteran, legislative employee, etc.). If applying for a vacant position, enter the class title of the position/vacancy for which you are applying.

Question 2 - Reasonable Accommodation will be provided to applicants who need assistance to take an interview or written test. If you check “Yes” you will be contacted via telephone or mail to make specific arrangements.

Question 5 - Employment History/Discharges. Question 5 must be answered by all applicants. You must answer “Yes” if you have ever, because of poor performance or misconduct, been fired, dismissed, or terminated from a job, or had an employment contract terminated. Explain any “Yes” answers in the Explanations section. Include the facts in brief, the grounds for any action taken against you, and the circumstances under which you left the position.

In completing this application, you do not need to answer “Yes” to Question 5 if:
- you have been rejected during a probationary period; or
- your employer withdrew the firing, dismissal, termination, or contract termination (either voluntarily or as part of a settlement); or
- a court or administrative agency overturned or revoked the firing, dismissal, termination, or contract termination.

If asked about past employment history by a prospective employer during the hiring process or probationary period, however, applicants are required to tell the truth regarding any firing, dismissal, termination, contract termination or rejection during probationary period, whether or not the action was overturned, revoked, or withdrawn (either voluntarily by the employer or, as part of a settlement agreement). Applicants are also required to provide factually correct information on the Employment History section of the application.

PLEASE ENTER YOUR NAME ON PAGES 1 THROUGH 4 AND STAPLE ALL PAGES OF THE APPLICATION TOGETHER BEFORE SUBMITTING.
DEPARTMENT OF REHABILITATION
VOLUNTEER SERVICE AGREEMENT

Volunteer:                                  Volunteer Coordinator:
Name ____________________                     Name
Address ___________________________________
                                           Address
                                           _____
Telephone ( )                              Telephone

I agree to perform Volunteer Services as described on the attachment for
the Department of Rehabilitation under the guidance and direction of the
Volunteer Coordinator. I will comply with all policies, procedures, rules,
regulations, directives and instructions provided by the Volunteer
Coordinator. By entering into this agreement, I understand that I am an
employee of the Department of Rehabilitation for purposes of Workers’
Compensation Insurance Coverage only. I will conduct myself in
accordance with those standards set forth for regular Department
employees. I understand and agree to the following policies and
conditions:

1. Any training provided by the Department is to assist the volunteer in
   performing functions and duties which are of benefit to the community
   and/or to the volunteer.

2. The volunteer does not replace any regular Department employee.

3. The Department is realizing no direct advantage from the activities of
   the volunteer.

4. The volunteer is not entitled to any paid employment as a result of
   his/her volunteer activity.
5. The volunteer may be reimbursed for necessary allowable expenses for subsistence and travel in connection with approved volunteer services. Such reimbursement shall be in accordance with the rate negotiated for State Employees performing comparable duties.

6. Those volunteers who are severely disabled and require attendants, interpreters, readers, or other special assistance while performing approved volunteer services may have these individuals reimbursed at Departmental rates upon prior approval of the Department.

7. If the volunteer operates a private motor vehicle as part of the volunteer activities, a certification of insurance coverage and mechanical safety of the automobile must be filed.

This agreement may be terminated by either party upon written notification.

_____________________________  __________________________
Signature of Volunteer  Date

_____________________________  __________________________
Signature of Volunteer Coordinator  Date
STATE OF CALIFORNIA — STATE PERSONNEL BOARD

OATH OF ALLEGIANCE AND DECLARATION OF PERMISSION TO WORK
FOR PERSONS EMPLOYED BY THE STATE OF CALIFORNIA

Oath may be administered by a person having general authority by law to administer oaths, or may be administered by the appointing power, or by a person for whom written authorization to witness oaths has been executed by the appointing power. The appointing power maintains a file of such authorizations.

PART 1 - OATH OF ALLEGIANCE
TO BE COMPLETED BY UNITED STATES CITIZENS ONLY

WHO MUST SIGN OATH — As required in Section 3 of Article XX of the Constitution of the State of California, every State employee except legally employed noncitizens, must sign the following oath or affirmation before he or she enters upon the duties of his or her State employment. Noncitizens are required to possess a Declaration of Permission to Work. If an alien employee becomes a naturalized citizen, an oath must then be obtained and filed.

WHEN OATH MUST BE SIGNED — As required in Government Code Section 3102, all public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council must sign an oath or affirmation before entering upon the duties of their employment. For intermittent, temporary or emergency employment, an oath or affirmation may, at the discretion of the employing agency, be effective for all successive periods of employment which commence within one calendar year from the date of the oath.

OATH OF ALLEGIANCE (Type or print name of employee, then complete Part 3.)

I, ________________ , do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic, that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California, that I take this obligation freely, without any mental reservation or purpose of evasion, and that I will well and faithfully discharge the duties upon which I am about to enter.

WHERE OATHS ARE FILED — As required in Government Code Section 3105, all oaths for public employees and all volunteers in any disaster council or emergency organization accredited by the California Emergency Council shall be filed in the official employee file within 30 days of the date the oath is executed. The oath is considered a public record.

FAILURE TO SIGN — As stated in Government Code Section 3107, no compensation or reimbursement for expenses incurred shall be paid to any public employee or any volunteer in any disaster council or emergency organization accredited by the California Emergency Council unless such public employee has taken and subscribed to the oath or affirmation.

PENALTIES (Government Code)

“3108. Every person who, while taking and subscribing to the oath or affirmation required by this chapter, states as true any material matter which he knows to be false, is guilty of perjury, and is punishable by imprisonment in the state prison not less than one nor more than 14 years.”

PART 2 - DECLARATION OF PERMISSION TO WORK
TO BE COMPLETED BY LEGALLY EMPLOYED NONCITIZENS ONLY

I am a lawful permanent resident alien of the United States. ☐ YES ☐ NO

If NO, please read the following:

I hereby certify that I have permission to work in this country and have declared any restrictions placed upon me in this regard by the United States government to the appointing power.

PART 3 - SIGNATURE AND CERTIFICATION (No fee may be charged for administering)
TO BE COMPLETED BY UNITED STATES CITIZENS AND LEGALLY EMPLOYED NONCITIZENS

EMPLOYEE'S SIGNATURE

☐ STATE DEPARTMENT OR AGENCY ENVELOPE

☐ TAKEN AND SUBSCRIBED BEFORE ME THIS

☐ DAY OF

☐ AUTHORIZED OFFICIAL'S SIGNATURE

☐ AUTHORIZED OFFICIAL'S TITLE

(SEAL)
STATE OF CALIFORNIA – STATE PERSONNEL BOARD

CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE
(REV. 02/2012)

Not all Examinations require this Criminal Record Supplemental Questionnaire. Please review the Examination Bulletin to determine if the questionnaire is required before completing.

PRINT OR TYPE – PLEASE SEE INSTRUCTIONS ON THE BACK PAGE

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Exam Title(s) for which you are applying:

Answer the following Questions:

1. Have you ever been convicted by any court of a misdemeanor crime of domestic violence? .................................................. ☐ YES ☐ NO

2. Have you ever been convicted by any court of a felony? .................. ☐ YES ☐ NO

Explanations

CERTIFICATION – IMPORTANT – PLEASE READ BEFORE SIGNING – If not signed, your application may be rejected.

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from the examination process or dismissal from employment with the State of California. I authorize all agencies to release any information they may have concerning the information provided on this supplemental application to the State of California.

Applicant's Signature

Date Signed
CRIMINAL RECORD SUPPLEMENTAL QUESTIONNAIRE
(REV. 02/2012)

INSTRUCTIONS

Read the following instructions carefully before completing this Criminal Record Supplemental Questionnaire. If the Examination Bulletin requires the Criminal Record Supplemental Questionnaire to be submitted with your application, you must complete all sections and answer the required questions completely and accurately.

Applicant Identification Number (Easy ID) – Enter the required tracking information on the Criminal Record Supplemental Questionnaire: the first three letters of your last name at birth, the month and day of your birth and the last four digits of your Social Security Number.

Easy ID – The Easy ID represents a compilation of the data collected from the Applicant Identification Number section. If you are unable to determine your Easy ID, please leave it blank.

Exam for which you are applying – Fill in the title(s) of the examination for which you are applying as it is listed on the Examination Bulletin.

Questions 1 & 2 – Answer these questions only if required on the Examination Bulletin.

Explanations – Use this section to explain the details of any response that requires additional information. Be thorough and attach additional sheet(s) if necessary.

Signature – Your signature and the date signed is required. If the Criminal Record Supplemental Questionnaire is not signed, it may be rejected.

NOTE: Your completed Criminal Record Supplemental Questionnaire and other examination related information submitted to the department administering this examination becomes confidential information and the property of the State of California as provided by Government Code Section 18934. This Application and other confidential information will not be returned; therefore, we recommend that you keep a copy of your completed Application for your personal records. Your rights to inspect your examination papers are set forth in Sections 186-189 of Title 2 of the California Code of Regulations, which can be accessed on the State Personnel Board’s website at www.spb.ca.gov.
ATTACHMENT B

Intake Packet
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

[Redacted]

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: (Consumer) (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: _______).
☐ 3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number: _______ 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)

Counselor's Signature          Date Signed

Counselor's Name (Printed)          Counselor's Phone Number

TO BE COMPLETED BY COUNSELOR

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 916-555-5880. 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 916-555-5880, 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, if 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 916-555-5880. 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 800-662-5544 or TTY 866-712-1085.
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TO: ALL APPLICANTS FOR SERVICES

FROM: THE STATE DEPARTMENT OF REHABILITATION

The Department of Rehabilitation is operating under an Order of Selection because it does not have sufficient resources to serve all eligible individuals.

The Department will accept and process your application, and determine if you are eligible for services. If you are eligible for services, your priority category will be determined and you will be served according to the priority categories discussed below. Under the Order of Selection, when resources are not sufficient to serve all eligible individuals, the order in which people will be served will depend on their priority category. You will be served if you are determined to be eligible, and determined to be most significantly disabled (priority category 1), regardless of application date, or significantly disabled (priority category 2) with an application date on or before June 30, 2011, or disabled (priority category 3) with an application date on or before May 1, 2009.

Services shall be provided to individuals in priority categories in the following order:

First Eligible individuals determined to be in priority category 1.
Second Eligible individuals determined to be in priority category 2, beginning with the earliest application date.
Third All other eligible individuals determined to be disabled (priority category 3) beginning with the earliest application date.

If you are determined to be in priority category 3, or in priority category 2 with an application date after June 30, 2011, you will not be served at this time. You will be placed on the waiting list and will be contacted every 90 days and informed of, among other things, your priority and the priority category being served.

We will, as required by regulations, continue to review our resources at least quarterly to determine if additional individuals can be served.

Please direct any questions you may have to your Rehabilitation Counselor.

DR 68 (Rev. 07/10)
STATE OF CALIFORNIA
RIGHTS AND REMEDIES ATTACHMENT
DR 1000 (Rev. 10/07) Computer Generated

YOUR RIGHTS AND REMEDIES REGARDING YOUR REHABILITATION PROGRAM

If questions or problems arise while you are an applicant or client of the Department of Rehabilitation, 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 Department staff.

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

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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 with which you disagree. If the issue is still not resolved at this level, you may request a mediation and/or Fair Hearing within 30 days.

MEDIATION You may request confidential mediation at any time within one year of the action or decision with which you disagree. If you and the Department representatives are not able to resolve the issue directly, a qualified, impartial mediator can help you find solutions that are satisfactory for both of you. If the Department agrees to mediate, a mediation will be held within 26 calendar days from receipt of your request, unless you agree to a later date. Request for mediation forms are available from Department staff and/or CAP advocates. A written request or completed request form (DR107) should be mailed to the DOR Mediation Coordinator, Office of Administrative Hearings, 2349 Gateway Oaks Drive, Suite 200, Sacramento, CA 95833 (Voice 916-263-0654) or faxed to 916-375-6318 or 916-263-0549. TTY users may call 711 and give the California Relay Service (CRS) operator the mediation office phone number. The CRS operator will then connect and relay the call. Requests for mediation may also be made at the same time a request for Fair Hearing is filed with the Rehabilitation Appeals Board.

FAIR HEARING At any time within one year of the action or decision with which you disagree (within 30 days if you had an administrative review) you may request a Fair Hearing. This is your opportunity to present your case to the Rehabilitation Appeals Board. The Board is composed of seven members who are citizens from the community, appointed by the Governor. At the hearing, you have the right to present information to the Board, explaining why you feel the Department should change a decision it has made. The Department of Rehabilitation is also allowed to provide information to the Board. After the hearing, a written, final decision will be made by the Board. Requests for Fair Hearing forms are available from Department staff and/or CAP advocates. Completed request forms should be sent to Rehabilitation Appeals Board, Department of Rehabilitation, P.O. Box 944222, Sacramento, CA 94244-2220 (Voice 916-558-5860 or TTY 916-558-5852).

The Fair Hearing will be scheduled within 45 days of your request, unless you agree to a delay. You may appear at the hearing in person or have the matter heard on the written record. If the Fair Hearing decision does not satisfy you, you have the right to file a petition with the California Superior Court (within six months) to review the matter.

DISCRIMINATION If you have reason to believe that actions or decisions were based on discrimination against your protected status, such as race, religion, sex, etc., you have the right to contact the Department’s Office of Civil Rights and Affirmative Action for discrimination counseling or to file a discrimination complaint. Assistance regarding discrimination concerns can be obtained from the Office of Civil Rights and Affirmative Action by calling Voice 916-558-5850 or TTY 916-558-5852.

CLIENT ASSISTANCE PROGRAM The Client Assistance Program may be available to assist you during the entire rehabilitation and appeals processes. You can call them toll free at Voice 800-952-5544 or TTY 866-712-1065.
Would you like to register to vote? To register to vote in California you:
1. Must be a citizen of the United States;
2. Must live in the State of California;
3. Must be at least 16 years old by the date of the next election; and
4. Must not currently be in prison or on parole for the conviction of a felony, or be judged by a court to be mentally incompetent to vote.

Would you like to register to vote today? (Check One)
☐ YES. I would like to register to vote. (Please fill out the attached form)
☐ NO. ☐ I am already registered to vote at my current address
☐ I do not want to register to vote.
☐ I am not eligible to register to vote.

(Note: If you do not check any box, we will assume you have decided not to register to vote at this time.)

Your Signature: ___________________________ Date Signed: ____________

IMPORTANT NOTICES
1. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration application form, we will help you. It’s your choice. You may fill out the application form in private.
3. If you decline to register to vote here today, that information is confidential and may not be used for any purpose other than voter registration.
4. If you register to vote here today, that information, including the office at which you are registering, is also confidential.
5. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of State by calling toll-free 800-345-VOTE or write to: Secretary of State, 1500-11th Street, Sacramento, CA 95814.
6. If you move to a new address, or if you change your name or want to change your political party, you must fill out a new voter registration form.
7. We will send your completed Voter Registration Card to the county elections office.

This form will be retained with this agency - For Agency Use Only
Voter registration form completed: ☐ YES ☐ NO ☐ DECLINED

If YES, applicant wanted to register:
☐ A blank form was given to applicant.
☐ DOR staff assisted with (1) form completion and (2) mailing to registrar of voters.
If applicant DECLINED to register and did not sign the declination form, check here ☐

Applicant’s Name ___________________________ Employee’s Initials: _______ Date: ____________
PRE-INTAKE FORM

Name: ___________________________ Social Security #: ___________________________

Living Situation:
Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Other: ______
Spouses Name: ___________________________ His/Her Occupation: ___________________________
How long have you lived at your current Address? ___________________________
Do you Live: Independently _____ With Family _____ Board and Care _____ Other _____
Number of Children living with you: ______ Ages: _____ Day Care Plans: ___________________________

Transportation:
Current method of transportation: Bus _____ Car _____ Other ___________________________
Year and Make of Car: ___________________________
Is your car Registered? _____ Insured? _____ Dependable? _____
Driver’s License #: ___________________________ State: ______ Do you have a disabled bus pass card? ______
In the past 5 years have you had a traffic ticket(s) or DUI (If yes, how many)? ______

Financial:
Present Family Income (gross per month): ___________________________
(Please mark below: SE for self, SP for spouse or significant other, and PA for parent – living in same home)
Also mark the amount:
Income Amount/Source: TANF ______ GA ______ Unemployment ______
State Disability ______ Vets Pension ______ SSI ______ SSDI ______
Workers Comp ______ Expiration Date: ___________________________

Military Status: Are you a Veteran? ______
Date Inducted: ______ Rank at discharge: ___________________________

Social History:
Are you a U.S. Citizen? _____ If not, What Country? ___________________________
Do you have a permit to work? _____ Expiration date: ___________________________
What are your interests or Hobbies? ___________________________
What are your special talents or abilities? ___________________________

Legal:
Have you ever been arrested? ___________________________
If yes, please list dates and offenses: ___________________________
________________________________________
________________________________________
________________________________________
________________________________________

Are you currently on probation? _____
Probation Officer’s Name: ___________________________ Phone Number: ___________________________
Have you ever been hurt on the job? ______ Date(s): ___________________________
Insurance Company: ___________________________ Attorney: ___________________________
Do you have a current open case? _____ Was Rehabilitation offered? ___________________________
If yes, what agency and counselor? ___________________________
Employment: Are you Bonded? _____
Work Skills: __________________________________________________________
Licenses(s)/Certificates: ______________________________________________
How were these obtained? ____________________________________________

Job Preferences:
What type of work are you confident you can do? _______________________
What is the minimum salary you will accept? (min. wage= $ 8.00 /hrs) _____
Are you willing to travel? _____ Willing to relocate? ______
May we contact your previous employers? ________________________________

Mental or Physical Disability
Have you ever been hospitalized for Psychiatric Treatment? ______________
List (approximate) number of times and dates: ____________________________
Are you currently seeing a Psychiatrist for medicine(s)? ______
Please list doctor's name and phone number: ____________________________
Are you currently seeing a therapist? _____ Group or Individual? _________
Name and Phone Number: _____________________________
Do you have any physical issues that may present difficulties in a job? (Please List) ____________________________
Has your doctor released you to go to work? __________
Please list any restrictions: ____________________________________________

Substance abuse:
Do you attend AA or NA? _____ How often do you attend? _________________
Do you have a sponsor? _____ How long have you been clean and sober? ______
Have you been in treatment or hospitalized for alcohol or drug abuse? ______
Please list dates of treatment(s) ________________________________________
Has alcohol or drugs affected your ability to get or keep a job? __________

Other Agency Assistance
Have you ever been to Crossroads for job services? _______ When? ________
Have you ever had a case with Alta Regional Center? _______ When? ________
Name and Phone number of Alta Counselor(s): _____________________________
Have you had a previous case with the Department of Rehabilitation? _____ When? ______
Were you able to obtain a job? ______________ Please list any other services agencies that are assisting you: ____________________________
Do you have a Ticket to Work? ______________ If yes, has it been assigned? __________

Signature: ___________________________________________ Date: ____________________

-2-
STATE OF CALIFORNIA  
HEALTH QUESTIONNAIRE  
DR 218 (Rev. 04/03)  

Applicant's Name  Social Security Number  Insurance Coverage  

XXX - XX - XXXX  

Medi-Cal#  

Other:  

Date  

Sex  Height  Weight  Medicare#  

☐ Male  ☐ Female  

I. APPLICATION REVIEW - Disability(ies) and functional limitation(s) reported on application:  

II. REVIEW OF CURRENT HEALTH STATUS - Please explain any YES answer in COMMENTS section below.  

BODY SYSTEMS - Are you now receiving or have you ever received medical treatment for:  

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
<th>WHEN</th>
<th>19. Your Hearing</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ear(s)/Hearing Problem</td>
<td></td>
<td></td>
<td>20. Your Vision</td>
<td></td>
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<tr>
<td>2. Eye(s)/Visual Problem</td>
<td></td>
<td></td>
<td>21. Your Ability to Learn/Read</td>
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<tr>
<td>3. Mental/Emotional Problem</td>
<td></td>
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<td>22. Your Ability to Speak</td>
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<tr>
<td>4. Nervous Problem</td>
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<td>23. Problem Breathing/Coughing</td>
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<tr>
<td>5. Lung/Respiratory Problem</td>
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<td>24. Dizziness/Fainting</td>
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<tr>
<td>7. Digestive Problem</td>
<td></td>
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<td>26. Weakness (State Where)</td>
<td></td>
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<tr>
<td>8. Kidney/Bladder Problem</td>
<td></td>
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<td>27. Numbness (State Where)</td>
<td></td>
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<tr>
<td>9. Legs/Feet/Arms/Hands Problem</td>
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<td>28. Pain (State Where)</td>
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<tr>
<td>10. Back Problem</td>
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<td>29. Your Memory</td>
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<tr>
<td>11. Thyroid</td>
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<td>30. Your Ability to Concentrate</td>
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<td>12. Diabetes</td>
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<td>31. Spells of Unconsciousness</td>
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<tr>
<td>13. Skin Problem</td>
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<td>32. Seizures</td>
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<td>14. High Blood Pressure</td>
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<td>33. Problem Balancing</td>
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<td>15. Joint Problem</td>
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<td>34. Problem Walking</td>
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<td>16. Arthritis/Rheumatism</td>
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<td>35. Problem Using Hands/Arms/Legs (Specify)</td>
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<td>17. Suppressed Immune System</td>
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<td>36. Problem Lifting</td>
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<td>18. Other (Specify)</td>
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<td>37. Problem Sending</td>
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<td>38. Problem Staying</td>
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<td>39. Problem Climbing</td>
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<td></td>
<td>40. Problem Crawling</td>
<td></td>
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<td>41. Problem Kneeling</td>
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<td>42. Problem Sitting</td>
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<td></td>
<td></td>
<td></td>
<td>43. Difficulty with Driving</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>44. Other (Specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:  

Explain any YES answers in the space below.  
Please indicate the specific item number to which you are referring, the specific problem(s) affected, and, if undergoing treatment, the name and address of the provider, if other than listed in Sections E, F, or G on the reverse.  
Attach additional sheets if necessary.

(OVER)
III. ADDITIONAL MEDICAL DATA - If not applicable, indicate N/A

A. Indicate if you now or in the past have smoked, abused alcohol, or used drugs (illegal or abused legal). State specifics, including what, amounts, and when:

B. Do you have allergies?  ☐ No  ☐ Yes  If yes, list:  
Does this create an interference with your ability to work?  ☐ No  ☐ Yes  If yes, how:

C. MEDICATIONS - List medicines you are now taking:

Do any of these medications interfere with your ability to work?  ☐ No  ☐ Yes  If yes, explain:

D. Have you had any operations or broken bones?  ☐ No  ☐ Yes  If yes, provide specifics and dates:

Are there residuals which interfere with your ability to work?  ☐ No  ☐ Yes  If yes, explain:

E. DOCTORS/HOSPITALS - From whom/where you have received major medical treatment in the past 2 years:

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (including zip code)</th>
<th>Phone</th>
<th>Date Last Seen</th>
<th>Nature of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

F. CURRENT EXAMINATION - Have you had a physical/general medical examination in the past 12 months?  ☐ No  ☐ Yes  If yes, by whom (include address, zip code, and phone number):

G. FAMILY PHYSICIAN

<table>
<thead>
<tr>
<th>Name</th>
<th>Address (including zip code)</th>
<th>Phone</th>
<th>Date Last Seen</th>
<th>Nature of Treatment</th>
</tr>
</thead>
<tbody>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

IV. SUMMARY - List medical & emotional problem(s) you now have which interfere(s) with your ability to obtain/maintain employment:

PROBLEM

HOW DOES THE PROBLEM INTERFERE?

V. This information is true and correct to the best of my knowledge. I have reviewed this information with the counselor and approve the inclusion of this information (including any self-disclosure regarding the results of HIV serology testing or suppressed immune system) in my case file with the Department of Rehabilitation.

VI. I have reviewed this information with the applicant. All "YES" answers are explained/clarified on this form or attachments.

Applicant's Signature

Counselor's Signature

(OVER)
STATE OF CALIFORNIA
EMPLOYMENT RECORD
DR 2228 (Rev. 3-91)

INSTRUCTIONS: PLEASE COMPLETE BOTH PAGES OF THIS FORM
Careful completion of all sections of this form will help us to determine your eligibility and assist in vocational planning. In addition to employment, include trade/vocational training, special licenses, and related information. This information will be kept confidential.

<table>
<thead>
<tr>
<th>SECTION I</th>
<th>EDUCATIONAL/VOCATIONAL TRAINING</th>
</tr>
</thead>
<tbody>
<tr>
<td>School</td>
<td>Major Courses</td>
</tr>
<tr>
<td>TRADE, VOCATIONAL, OR PROFESSIONAL INSTITUTIONS OF HIGHER EDUCATION ATTENDED:</td>
<td>Major Courses</td>
</tr>
<tr>
<td>Check Highest Grade Completed</td>
<td>1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 5 6</td>
</tr>
<tr>
<td>MILITARY WORK EXPERIENCE OR TRAINING:</td>
<td>FOREIGN LANGUAGES:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION II</th>
<th>WORK EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer</td>
<td>Date Began</td>
</tr>
<tr>
<td>Address: Street</td>
<td>City</td>
</tr>
<tr>
<td>Name of Job</td>
<td>Wages</td>
</tr>
<tr>
<td>Can you still do this type of work?</td>
<td>Yes</td>
</tr>
<tr>
<td>If not, why not?</td>
<td></td>
</tr>
<tr>
<td>Your Duties: (Describe exactly what you did. List tools and equipment used.)</td>
<td></td>
</tr>
<tr>
<td>Reason for leaving</td>
<td></td>
</tr>
<tr>
<td>What about your work did you like?</td>
<td></td>
</tr>
<tr>
<td>What did you dislike?</td>
<td></td>
</tr>
</tbody>
</table>

PLEASE COMPLETE BOTH PAGES OF THIS FORM
<table>
<thead>
<tr>
<th>Employer</th>
<th>Date Began</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Street</td>
<td>City</td>
</tr>
<tr>
<td>Name of Job</td>
<td>Wages</td>
</tr>
</tbody>
</table>

Can you still do this type of work?  
☐ Yes  ☐ No  If not, why not?  

Your Duties: (Describe exactly what you did. List tools and equipment used.)

Reason for leaving

What about your work did you like?

What did you dislike?

<table>
<thead>
<tr>
<th>Employer</th>
<th>Date Began</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address: Street</td>
<td>City</td>
</tr>
<tr>
<td>Name of Job</td>
<td>Wages</td>
</tr>
</tbody>
</table>

Can you still do this type of work?  
☐ Yes  ☐ No  If not, why not?  

Your Duties: (Describe exactly what you did. List tools and equipment used.)

Reason for leaving

What about your work did you like?

What did you dislike?

SECTION III  ADDITIONAL INFORMATION

List other jobs you have had:

Of all your jobs, which did you like the best?

Of all your jobs, which did you like the least?

What do you believe you need in order to become employed?

PLEASE COMPLETE BOTH PAGES OF THIS FORM
STATE OF CALIFORNIA  
STATEMENT OF FINANCIAL STATUS  
DR 233  (REGS/Rev. 04/02)

Client's Name (Last, First, Middle Initial)  
Social Security No.  

PART I - TO BE COMPLETED BY CLIENT

1. PLEASE LIST YOUR LIQUID ASSETS:
   
<table>
<thead>
<tr>
<th>Cash</th>
<th>Checking*</th>
<th>Savings*</th>
<th>TOTAL AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Negotiable Bonds</th>
<th>Stocks</th>
<th>Similar Accounts*</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. PLEASE LIST YOUR MEDICAL EXPENSES:  
(Do not include insurance premiums, routine medical, and dental services.)  
(Use other side of page if needed.)

<table>
<thead>
<tr>
<th>Item</th>
<th>Total Costs</th>
<th>Number of Payments</th>
<th>Monthly Payment(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Do not include any of the current month's income which has been deposited into the account.  

TOTAL AMOUNT: $    

PART II - TO BE COMPLETED BY THE COUNSELOR

☐ Client meets need factor because receiving SSDI, SSI/SSP or Public Assistance.

3. CLIENT MONTHLY INCOME (include spouse/parent)  

   $    

4. INCOME EXEMPTION (From TABLE on reverse side of case file copy)  

   $    

5. SURPLUS INCOME (Subtract line 4 from 3 - if less than 0, enter 0)  

   $    

6. TOTAL LIQUID ASSETS (From line 1)  

   $    

7. EXEMPTION FOR CLIENT  

   $ 2,000.00    

8. EXEMPTION FOR ADDITIONAL HOUSEHOLD MEMBERS  

   $750  

9. TOTAL EXEMPT ASSETS (Add lines 7 and 8)  

   $    

10. SURPLUS LIQUID ASSETS (Subtract line 9 from 6 - if less than 0, enter 0)  

    $    

11. TOTAL SURPLUS INCOME AND ASSETS (Add lines 5 and 10)  

    $    

12. TOTAL MEDICAL EXEMPTIONS (From line 2)  

    $    

13. CLIENT'S MONTHLY CONTRIBUTION (Subtract line 12 from 11 - if less than 0, enter 0)  

    $    

PART III - TO BE COMPLETED BY COUNSELOR AND CLIENT

I AGREE TO PAY (IN CASH) TO THE DEPARTMENT $    (from line 13) PER MONTH FOR    MONTH(S).  

THIS WILL BE APPLIED TOWARD THE COST OF $    FOR    SERVICES.  

I CERTIFY THAT ALL INCOME, LIQUID ASSETS, ADDITIONAL HOUSEHOLD MEMBERS AND MEDICAL EXPENSES LISTED ABOVE ARE COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY CHANGES TO THESE ITEMS, INCLUDING CHANGES IN LIQUID ASSETS OF $100 OR MORE, MUST BE REPORTED TO THE DEPARTMENT AND MAY RESULT IN MODIFICATION OF THIS AGREEMENT.

Client/Parent Or Guardian Signature  
Date  
Rehabilitation Counselor Signature  
Date  

[Signature]

[Date]
### INCOME EXEMPTION TABLE

<table>
<thead>
<tr>
<th>Number of Persons in Household (including client)</th>
<th>Monthly Income Exemption</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2,250</td>
</tr>
<tr>
<td>2</td>
<td>$4,192</td>
</tr>
<tr>
<td>3</td>
<td>$4,458</td>
</tr>
<tr>
<td>4</td>
<td>$5,358</td>
</tr>
<tr>
<td>5</td>
<td>$4,292</td>
</tr>
<tr>
<td>6</td>
<td>$4,442</td>
</tr>
<tr>
<td>more than 6</td>
<td>add $158 for each additional person</td>
</tr>
</tbody>
</table>
ATTACHMENT C

Consent to Release Medical Information

Consent to Release Non-Medical Personal/Confidential Information

Social Security Administration Consent for Release of Information
**STATE OF CALIFORNIA**
**CONSENT TO RELEASE MEDICAL INFORMATION**
DR 264A (REGS/Rev. 11/04)

<table>
<thead>
<tr>
<th>Individual/Facility Name &amp; Address</th>
<th>Consumer Full Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consumer Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name/Title of Person/Firm:</th>
<th>Social Security Number:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
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<table>
<thead>
<tr>
<th>Nature of Treatment:</th>
<th>Date Last Treated:</th>
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<table>
<thead>
<tr>
<th>Other Identifying Name:</th>
<th>Clinic or P.F. #:</th>
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</tbody>
</table>

**CONSENT TO OBTAIN MEDICAL INFORMATION:**
I authorize the above listed individual/facility to furnish to the Department of Rehabilitation (DOR) my records containing medical history, treatment, and diagnosed mental and physical condition, including disabilities such as drug, alcohol, and psychiatric, or the result of any HIV test performed. This information will be included in my case record and used to assist in the determination of eligibility and, if eligible, subsequent vocational rehabilitation services. The DOR may not disclose the information received without my signed consent for each disclosure unless the disclosure is specifically required or permitted by law. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

**Particularly requested is information from _________________ to _______________ regarding my current general health status, including specific information pertaining to:**

My signature below verifies that I have read the notifications on page 3 of this form and have received a copy of these notifications.

**I understand that I have the right to receive a copy of this signed authorization.**

**Consumer Signature:** (If minor or using “mark”, see Box B and/or C) **Date Signed:**

<table>
<thead>
<tr>
<th>Box A - Specified date, if other than 30 days:</th>
<th>Consumer Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Box B - Parent or Guardian Signature (required for minor):</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Box C - If unable to write his/her name, the consumer should enter an &quot;X&quot; or other mark above. Signatures of two (2) witnesses are required.</th>
<th>Witness Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Witness Signature:</th>
<th>Date Signed:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

**Send Information To:**
<table>
<thead>
<tr>
<th>Department of Rehabilitation</th>
<th>Rehabilitation Counselor:</th>
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<tbody>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Check if TTY:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISTRIBUTION:** Original - Addressee Copy - Case Record Copy - Consumer
CONSENT TO RELEASE MEDICAL INFORMATION:
I authorize the Department of Rehabilitation to release medical/dental/allied health information from my case record as shown below. This information may not be further disclosed without my signed consent. This consent shall remain valid for 30 days unless otherwise specified in Box A below.

Release Information to (Name & Address of Individual or Facility):

Information to be released is limited to:

My signature below verifies that I have read the notifications on page 3 of this form and have received a copy of these notifications.

I understand that I have the right to receive a copy of this signed authorization.

Consumer Signature: (If minor or using “mark”, see Box B and/or C) [Signature]
Date Signed: [Date]

Box A - Specified date, if other than 30 days: [Date]
Consumer Signature: [Signature]
Date Signed: [Date]

Box B - Parent or Guardian Signature (required for minor): [Signature]
Date Signed: [Date]

Box C - If unable to write his/her name, the consumer should enter an "X" or other mark above. Signatures of two (2) witnesses are required.
Witness Signature: [Signature]
Date Signed: [Date]

Witness Signature: [Signature]
Date Signed: [Date]

Information Released By:
Department of Rehabilitation

Rehabilitation Counselor:

Telephone: [Number]

Check if TTY: [Box]

DISTRIBUTION: Original - Addressee Copy - Case Record Copy - Consumer
STATE OF CALIFORNIA
CONSENT TO RELEASE MEDICAL INFORMATION
DR 264A (REGS/Rev. 11/04)

DEPARTMENT OF REHABILITATION

NOTIFICATION TO CONSUMER
A consumer may refuse to allow the Department of Rehabilitation (DOR) to obtain medical information and may limit any form, language and initial the change. If medical information is not obtained to substantiate a disability, it may result in a finding of ineligibility for services.
If the consumer wishes to disallow the DOR to release specific medical information contained in the consumer’s file to outside entities, s/he may refuse to sign the release.

NOTIFICATION OF THE
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996
You have the right to revoke this authorization by providing written notice to your Rehabilitation Counselor or the local office serving you. If you revoke the authorization it will not affect information already used or released before we received your written notice.

The federal Health Insurance Portability and Accountability law (HIPAA) may not protect information after it is released or provided to agencies not covered by that law. Even though the DOR does not fall under HIPAA legislation, the DOR does adhere to federal and state confidentiality requirements.

NOTIFICATION OF THE INFORMATION PRACTICES ACT OF 1977
This is confidential information from the records of the DOR. State and federal law and departmental regulations prohibit you from making any further disclosure of this information without the informed written consent of the person to whom this information pertains. Under State law and departmental regulations, all information that you supply to the DOR is maintained in the consumer’s file and is subject to inspection by the enclosed named individual and other authorized person(s) and agencies.

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 DOR 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.

STATEMENT OF NONDISCRIMINATION
The DOR affirmatively supports all federal and state civil rights laws and will not knowingly do business with any agency or entity which discriminates on the basis of ethnic group identification, national origin, race, color, creed, religion, sex, age, sexual orientation, physical or mental disability, medical condition, marital status or ancestry.
### STATE OF CALIFORNIA
**DEPARTMENT OF REHABILITATION**

**CONSENT TO RELEASE NON-MEDICAL PERSONAL/CONFIDENTIAL INFORMATION**

<table>
<thead>
<tr>
<th>TO:</th>
<th>APPLICANT/CLIENT'S FULL NAME (PRINT)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>SOCIAL SECURITY NUMBER DATE OF BIRTH</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>OTHER IDENTIFYING NAME OTHER IDENTIFYING NUMBER</td>
</tr>
</tbody>
</table>

**I HEREBY CONSENT TO AND AUTHORIZE THE DEPARTMENT OF REHABILITATION TO:**

- [ ] OBTAIN FROM YOU THE FOLLOWING INFORMATION:
- [ ] RELEASE TO YOU THE FOLLOWING INFORMATION:

**DESCRIPTION OF INFORMATION TO BE RELEASED:**

---

**I UNDERSTAND THAT THIS CONSENT SHALL BE VALID FOR A PERIOD NOT TO EXCEED 30 DAYS, UNLESS OTHERWISE SPECIFIED*, FROM THE DATE THIS CONSENT IS SIGNED.**

*SPECIFIED DATE, IF OTHER THAN 30 DAYS

**I UNDERSTAND THAT I HAVE THE RIGHT TO RECEIVE A COPY OF THIS SIGNED AUTHORIZATION**

<table>
<thead>
<tr>
<th>STAMP, PRINT OR TYPED</th>
<th>APPLICANT/CLIENT'S SIGNATURE DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM: [ ] SEND INFORMATION TO:</td>
<td>PARENT OR GUARDIAN'S SIGNATURE (REQUIRED FOR MINORS)</td>
</tr>
</tbody>
</table>

**IF UNABLE TO WRITE HIS/HER NAME, THE APPLICANT/CLIENT SHOULD ENTER AN "X" OR OTHER MARK, SIGNATURES OF TWO WITNESSES ARE REQUIRED.**

<table>
<thead>
<tr>
<th>TELEPHONE</th>
<th>REHABILITATION COUNSELOR</th>
<th>WITNESS SIGNATURE</th>
</tr>
</thead>
</table>

COPY 1 - ADDRESSEE COPY 2 - CASE FILE COPY 3 - APPLICANT/CLIENT
Social Security Administration

Consent for Release of Information

SSA will not honor this form unless all required fields have been completed (⋆ signifies required field).

TO: Social Security Administration

⋆Name    ⋆Date of Birth    ⋆Social Security Number

I authorize the Social Security Administration to release information or records about me to:

⋆NAME

⋆ADDRESS

⋆I want this information released because:

There may be a charge for releasing information.

⋆Please release the following information selected from the list below:

You must check at least one box. Also, SSA will not disclose records unless applicable date ranges are included.

☐ Social Security Number
☐ Current monthly Social Security benefit amount
☐ Current monthly Supplemental Security Income payment amount
☐ My benefit/payment amounts from _______ to _______
☐ My Medicare entitlement from _______ to _______
☐ Medical records from my claims folder(s) from _______ to _______
☐ Complete medical records from my claims folder(s)
☐ Other record(s) from my file (e.g., applications, questionnaires, consultative examination reports, determinations, etc.)

I am the individual to whom the requested information/record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury in accordance with 28 C.F.R. § 15.41(d)(2)(2004) that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeking or obtaining access to records about another person under false pretenses is punishable by a fine of up to $5,000. I also understand that any applicable fees must be paid by me.

⋆Signature: ___________________________    ⋆Date: ___________________________

Relationship (⋆ not the individual): ___________________________    ⋆Daytime Phone: ___________________________

Form SSA-3288 (07-2010) EF (07-2010)
Social Security Administration

Consent for Release of Information

Instructions for Using this Form

Complete this form only if you want us to give information or records about you, a minor, or a legally incompetent adult, to an individual or group (for example, a doctor or an insurance company). If you are the natural or adoptive parent or legal guardian acting on behalf of a minor, you may complete this form to release only the minor’s non-medical records. If you are requesting information for a purpose not directly related to the administration of any program under the Social Security Act, a fee may be charged.

NOTE: Do not use this form to:

- Request to release the medical records of a minor. Instead, contact your local office by calling 1-800-772-1213 (TTY 1-800-325-0778), or
- Request information about your earnings or employment history. Instead, complete form SSA-7050-F4 at any Social Security office or online at www.ssa.gov/online-ssa-7050.pdf

How to Complete this Form

We will not honor this form unless all required fields are completed. An asterisk (*) indicates a required field. Also, we will not honor blanket requests for “all records” or the “entire file.” You must specify the information you are requesting and you must sign and date this form.

- Fill in your name, date of birth, and social security number or the name, date of birth, and social security number of the person to whom the information applies.
- Fill in the name and address of the individual (or organization) to whom you want us to release your information.
- Indicate the reason you are requesting us to disclose the information.
- Check the box(es) next to the type(s) of information you want us to release including the date ranges, if applicable.
- You, the parent or legal guardian acting on behalf of a minor, or the legal guardian of a legally incompetent adult, must sign and date this form and provide a daytime phone number where you can be reached.
- If you are not the person whose information is requested, state your relationship to that person. We may require proof of relationship.

PRIVACY ACT STATEMENT

Section 200(a) of the Social Security Act, as amended, authorizes us to collect the information requested on this form. The information you provide is used to respond to your request for SSA records information or process your request when we release your records to a third party. You do not have to provide the requested information. Your response is voluntary; however, we cannot honor your request to release information or records about you to another person or organization without your consent.

We rarely use the information provided on this form for any purpose other than to respond to requests for SSA records information. However, in accordance with 5 U.S.C. § 552(a)(6) of the Privacy Act, we may disclose the information provided on this form to an agency or third party to assist Social Security in establishing rights to Social Security benefits and/or coverage. 2. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level. 3. To comply with Federal laws requiring the disclosure of the information from our records, and. 4. To facilitate statistical research, audit, or investigative activities necessary to assure the integrity of SSA programs.

We may also use the information you provide when we match records by computer. Computer matching programs compare our records with those of other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person’s eligibility for Federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Additional information regarding this form, routine uses of information, and other Social Security programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

PAPERWORK REDUCTION ACT STATEMENT

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to read the instructions, gather the facts, and answer the questions. SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA’s website at www.socialsecurity.gov. Offices are also listed under U.S. Government agencies in your telephone directory or you may call 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 4401 Security Blvd., Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.

Form SSA-3288 (07-2010) EF (07-2010) Destroy Prior Editions
ATTACHMENT D

Notice of Eligibility & Priority for Services

Extension of Eligibility & Priority for Services
This NOTICE OF ELIGIBILITY AND PRIORITY FOR SERVICES informs you that as of eligibility date your eligibility and priority for services have been determined based on the following criteria:

☐ Presumptive Eligibility Applied: You are presumed eligible because you receive Supplemental Security Income (SSI) and/or Social Security Disability Insurance (SSDI) because of your disability as verified by: award letter, check stub, printout, call to SSA, etc.

OR

☐ You have met the eligibility criteria because you have a physical or mental impairment which constitutes or results in a substantial impediment to employment based on information from your doctor or another valid source.

Your Priority Category

Priority Category: 1, 2 or 3 Application Date:

Priority Category Currently Being Served

<table>
<thead>
<tr>
<th>Priority for Services</th>
<th>Serving?</th>
<th>Application Date On or Before</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority Category 1</td>
<td>Yes</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>Priority Category 2</td>
<td>Yes</td>
<td>June 30, 2013</td>
</tr>
<tr>
<td>Priority Category 3</td>
<td>Yes</td>
<td>March 30, 2011</td>
</tr>
</tbody>
</table>

☐ We are able to serve you at this time.

OR

☐ We are unable to serve individuals in your priority category at this time due to insufficient resources.

Counselor Signature: __________________________ Date Signed: __________________________
WHAT HAPPENS NEXT?

If we are **unable** to serve individuals in your priority category at this time:

You have been placed on the waiting list.

You have the right to request a re-evaluation of your priority category placement if you believe your situation has changed sufficiently to place you in a different priority category.

Please see the Consumer Information Handbook or the Department’s website [www.dor.ca.gov](http://www.dor.ca.gov) for general information on Order of Selection and the current Declaration of Order of Selection.

Your rights and remedies, including your right to request an appeal, are explained in the attached DR 1000 form. If you have any questions or concerns, you can contact me at the phone number or address provided on page one of this form.

If we are **able** to serve you at this time, please:

- [ ] Review the Plan Development Information on page 3
- [ ] See the attached appointment notice
- [ ] Call us so we can make an appointment for you.

We need to develop your Individualized Plan for Employment (IPE) within 90 days of your eligibility determination date of _____.

Attachment - DR1000 Rights & Remedies
PLAN DEVELOPMENT INFORMATION

Your Individualized Plan for Employment (IPE) is a written plan describing the necessary steps to reach your employment goal. If you prefer, you may choose a representative to assist you in developing your IPE.

Your counselor will:
- give you information and assistance to develop your plan,
- be available to help you complete the necessary forms including form DR 215 Individualized Plan for Employment,
- explain the department’s guidelines and the criteria for financial commitments in the plan, if needed.
- make referrals to other sources for technical assistance, if needed.
- ensure your plan is:
  - appropriate for your needs
  - complete and consistent with department requirements
  - likely to lead to employment
- answer your questions about the vocational rehabilitation process.

Your DR 215 plan must include certain components (according to federal law), which are included in the Mandatory Components of an Individualized Plan for Employment section below. You will be given information and have the chance to make choices about your employment goal, services, service providers, and how the services will be arranged for and obtained.

When you and your counselor are satisfied with your plan, you will both sign the plan document. You will receive a copy of the plan in writing and, if appropriate, in your preferred mode of communication.

You and your counselor will review your progress periodically, and review your plan at least once a year. If your plan needs to be changed, you and your counselor will sign an amendment.

The Department is pleased to assist you in making your employment goal a reality.
MANDATORY COMPONENTS OF AN INDIVIDUALIZED PLAN FOR EMPLOYMENT

Title IV Rehabilitation Act Amendments of 1998 Section 102 (b)(3)

Regardless of the approach selected by an eligible individual to develop an individualized plan for employment, an individualized plan for employment shall, at a minimum, contain mandatory components consisting of --

(A) a description of the specific employment outcome that is chosen by the eligible individual, consistent with the unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the eligible individual, and, to the maximum extent appropriate, results in employment in an integrated setting;

(B) (i) a description of the specific vocational rehabilitation services that are --
   (i) needed to achieve the employment outcome, including, as appropriate, the provision of assistive technology devices and assistive technology services, and personal assistance services, including training in the management of such services; and
   (ii) provided in the most integrated setting that is appropriate for the service involved and is consistent with the informed choice of the eligible individual; and
(i) timelines for the achievement of the employment outcome and for the initiation of the services;

(C) a description of the entity chosen by the eligible individual or, as appropriate, the individual's representative, that will provide the vocational rehabilitation services, and the methods used to procure such services;

(D) a description of criteria to evaluate progress toward achievement of the employment outcome;

(E) the terms and conditions of the individualized plan for employment, including, as appropriate, information describing --
(i) the responsibilities of the designated State unit;
(ii) the responsibilities of the eligible individual, including--
   (i) the responsibilities the eligible individual will assume in relation to the employment outcome of the individual;
   (ii) if applicable, the participation of the eligible individual in paying for the costs of the plan; and
   (iii) the responsibility of the eligible individual with regard to applying for and securing comparable benefits as described in section 101(a)(8); and
(iii) the responsibilities of other entities as the result of arrangements made pursuant to comparable services or benefits requirements as described in section 101(a)(8);

(F) for an eligible individual with the most significant disabilities for whom an employment outcome in a supported employment setting has been determined to be appropriate, information identifying --
(i) the extended services needed by the eligible individual, and
(ii) the source of extended services or, to the extent that the source of the extended services cannot be identified at the time of the development of the individualized plan for employment, a description of the basis for concluding that there is a reasonable expectation that such source will become available; and

(G) as determined to be necessary, a statement of projected need for post-employment services.
This EXTENSION OF ELIGIBILITY AND PRIORITY FOR SERVICES documents that your determination of Eligibility and Priority for Services is being delayed beyond 60 days from your date of application due to the following exceptional and unforeseen circumstances beyond the control of the Department of Rehabilitation (Title 9 California Code of Regulations Section 7062(a)):

☐ We were unable to obtain information from other sources.
☐ There were unforeseen delays in scheduling necessary examinations.
☐ You were unavailable to participate in assessments or appointments.
☐ You had unforeseen medical condition(s) or need(s).
☐ Other (explain) ______

☐ We mutually agreed that your new eligibility determination date is: _____.
   We mutually agreed to this extension on _____ (date) by:
   ☐ meeting,
   ☐ phone,
   ☐ correspondence (such as letter, email, etc.)

☐ You do not agree to this extension. You have been informed that an eligibility determination will be made based on the information available. You have the right to appeal this determination through administrative review, mediation, and fair hearing.

Counselor Signature: ___________________________ Date Signed: ____________

Attachment – DR1000 Rights & Remedies
ATTACHMENT E

Individualized Plan for Employment

Individualized Plan for Employment – Amendment
INDIVIDUALIZED PLAN FOR EMPLOYMENT

Consumer Name & Address

Date:

Counselor Name

Privacy Statement
The information requested on this form, including name and address, is necessary for identification. Failure to provide the information requested may result in delays in services.

INDIVIDUALIZED PLAN FOR EMPLOYMENT

<table>
<thead>
<tr>
<th>Employment Goal</th>
<th>Expected Completion Date</th>
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</table>

(The employment goal chosen by the individual must be consistent with the individual’s unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; and to the maximum extent appropriate, result in employment in an integrated setting.)

1. a) What are the reasons for choosing the employment goal? (For example: interests, aptitudes, prior training, education, skills needed for job)

b) Please explain how this choice of employment goal will lead to a job (address the labor market outlook).

2. What steps are needed to reach the employment goal? (Some plans may only require one or two steps; other plans require many steps before reaching the employment goal.)
3. What specific services are needed to reach the employment goal? (If the employment goal is in a supported employment setting, identify the necessary extended services. Describe the source, or anticipated source, of the extended services.)

<table>
<thead>
<tr>
<th>Services</th>
<th>Service Providers</th>
<th>How will services be funded?</th>
<th>Start date</th>
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4. How were the services arranged or chosen? (For example: researched schools, met with school counselors, talked with the DOR counselor, and selected the most suitable training program.)

5. a) How will progress toward the employment goal be evaluated? (For example: school grade reports, work or training progress reports, discussion between counselor and consumer)

   b) How often will progress be reviewed? (must be reviewed at least annually)

6. Describe the participant responsibilities towards the cost of the plan and securing comparable benefits.

7. What is the projected need for Post Employment Services?
Consumer's Responsibilities

- Discuss the plan for employment with the counselor and obtain the counselor's approval.
- Attend all scheduled appointments with the counselor.
- Begin services after the plan/services are approved.
- Cooperate in the plan by attending and participating fully in program activities.
- Participate in periodic progress reviews and evaluations, including the Annual Review of the plan.
- Tell the counselor of any problems that may delay progress, interfere with, or prevent completing the plan.
- Let the counselor know if changes are needed in the plan, and sign any amendment.
- Tell the counselor immediately if there is a change in address or telephone number.
- Request advance funds to purchase items or services as described in the plan with sufficient advance notice for the Department to process the request, and promptly provide receipts when required.
- Only expend funds received from the Department for the intended approved good/service in accordance with the plan.
- Pay for a share of the costs of the plan, as appropriate and/or required.
- Apply for and use comparable benefits/services available through other programs, to the extent eligible for such benefits.
- For individuals participating in educational training program, take only required and agreed-upon classes, purchase used books when available, apply for financial aid each school year and promptly provide award/denial letter; provide progress/grade reports to the counselor when the class is completed.
- Promptly return equipment if no longer used as planned.
- Actively participate in job search, job placement, and job retention activities.
- Advise the counselor when employment is secured.
- Other:

Counselor's Responsibilities

- Provide information throughout the rehabilitation process.
- Explain and follow the Department policies, guidelines, and procedures.
- Be a partner in the vocational rehabilitation process.
- Provide counseling and guidance, as needed.
- Keep information confidential, unless a release form is signed.
- Help with completion of Department forms, if needed.
- Assist consumer to acquire information that enables consumer to exercise informed choice in the development of his/her employment outcome, service-providers and how services are acquired, and employment-settings.
- Provide agreed-upon services and items promptly.
- Review progress, using agreed-upon schedule and criteria in the plan.
- Initiate and document an Annual Review meeting with the consumer.
- If changes are needed, discuss them and provide an amendment for signature.
- Provide information on rights and remedies, the Client Assistance Program (CAP) and how to contact CAP.
- Be involved in job placement and follow-up activities.
- Other:

---

**INDIVIDUALIZED PLAN FOR EMPLOYMENT**

- I understand my right to make informed choices in the development of my individualized plan for employment, and I have exercised my right of informed choice in the development of my plan.
- I understand my right to make informed choices and have exercised informed choice in the selection of the specific employment goal, services, service providers, settings and methods for arranging for services.
- My employment goal reflects my strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.
- I understand that my counselor has the responsibility to review, evaluate, and make a determination regarding approval of my plan.
- My counselor has reviewed my rights and responsibilities with me.
- I understand that my plan will be reviewed and evaluated periodically, at least annually, as defined in the plan.
- If changes need to be made to the plan, my counselor and I will discuss the changes and I will sign an amendment.
- I understand that the failure to cooperate and/or make a reasonable effort to carry out my plan may result in the closure of my case and loss of further services.
- I understand that I will only receive services and assistance that are necessary and reasonable for my education, training, and/or placement, and that if I am furnished any item or service that does not meet this standard, I will inform my counselor.
- I understand that the Department will review progress reports, grade reports, receipts, and may take other steps to verify purchases. My failure to provide requested information or improper use of department funds may result in my reimbursing the Department and could result in the Department closing my case.

**Ticket to Work (TTW)** If I am an SSI/SSDI beneficiary, my DOR counselor has provided me with information regarding "Timely Progress." As long as my Ticket is in-use and that I meet Timely Progress benchmarks, the Social Security Administration will suspend my medical Continuing Disability Reviews (CDRs). If I was referred by an Employment Network (EN) to DOR my counselor will refer me back to this EN at the end of DOR services. I understand that I have the option to assign my ticket to an approved EN of my choice for follow-up, retention, and additional support services.

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<tr>
<th>Consumer Signature</th>
<th>Date Signed</th>
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<tr>
<th>Representative or Parent/Guardian Signature (required for minor)</th>
<th>Date Signed</th>
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<th>Counselor Signature</th>
<th>Date Signed</th>
<th>Supervisor Signature</th>
<th>Date Signed</th>
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Please refer to DR1000 - Rights and Remedies Attachment for information on rights and remedies and contact information for the Client Assistance Program.
NOTE: This plan is not in effect, and the Department will not provide or pay for any services listed in it, unless the plan (including the employment goal) is approved and signed by the appropriate Department representative(s).

DISTRIBUTION: Original - Case File Copy - Consumer
STATE OF CALIFORNIA
DEPARTMENT OF REHABILITATION

INDIVIDUALIZED PLAN FOR EMPLOYMENT - AMENDMENT
DR 219 (New 02/11)

<table>
<thead>
<tr>
<th>Consumer Name &amp; Address:</th>
<th>Counselor Name:</th>
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<tbody>
<tr>
<td>name</td>
<td>Counselor Phone: Check if TTY</td>
</tr>
<tr>
<td>address</td>
<td>(xxx) xxx-xxxx</td>
</tr>
<tr>
<td>city state zip</td>
<td>Counselor Email: @dor.ca.gov</td>
</tr>
</tbody>
</table>

As we agreed, your Individualized Plan for Employment (IPE) is being amended as follows:

☐ Additions, Deletions or Changes to Services or Providers.

<table>
<thead>
<tr>
<th>Service</th>
<th>Service Provider</th>
<th>Funding Source</th>
<th>Start Date</th>
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☐ Your IPE end-date is being changed from [ ] to [ ] because [ ]

☐ Other substantive change(s):

These changes to your Individualized Plan for Employment are consistent with your informed choice. These changes will take effect as soon as this form is signed by you and your counselor (Title 9 CCR Section 7030(a)(7) and 7131(a)(6)).

<table>
<thead>
<tr>
<th>Consumer Signature:</th>
<th>Date Signed:</th>
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Authorized Representative Signature, as appropriate:

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<th>Date Signed:</th>
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Counselor Signature:

<table>
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<tr>
<th>Date Signed:</th>
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Attachment - DR 1000 Rights and Remedies
ATTACHMENT F

Annual Review
A. NAME (Last, first, middle initial) and ADDRESS

Dear

It has been about a year since we last talked with you about vocational rehabilitation services. If your situation has improved, or if you would like to talk this over with us again, please phone me or my secretary for an appointment. If I do not hear from you by I will assume you are not interested at this time.

Sincerely,

ANNUAL ELIGIBILITY REVIEW REPORT

<table>
<thead>
<tr>
<th>B. Client's Social Security Number</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent (000-00-0000)</td>
<td>1. Insert date in upper right corner (no later than first working day in month of closure of following year).</td>
</tr>
<tr>
<td>Temporary (000-00-0000)</td>
<td>2. Complete Item A and client's name in salutation. Enter counselor's phone number and date (at least 10 working days from date in upper right corner) in body of letter.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. District Code</th>
<th>D. Closure Status</th>
<th>E. Date of Review Outcome</th>
</tr>
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<tbody>
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<tr>
<th>F. Outcome of Review</th>
<th></th>
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<tbody>
<tr>
<td>1. No Further Consideration Required.</td>
<td></td>
</tr>
<tr>
<td>2. Case Reopened &amp; Accepted - Status 10 (Referral Source Code 5510)</td>
<td></td>
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<tr>
<td>3. Case Reopened and No Accepted - Status 08 (Referral Source Code 5510)</td>
<td></td>
</tr>
</tbody>
</table>

INSTRUCTIONS

1. Insert date in upper right corner (no later than first working day in month of closure of following year).
2. Complete Item A and client's name in salutation. Enter counselor's phone number and date (at least 10 working days from date in upper right corner) in body of letter.
4. Complete Items E & F when:
a. Client has contacted DR and a decision has been made regarding the review or the client declined further review, or
b. Client has not contacted DR for at least 10 working days from date in upper right corner.

Original - Client
Duplicate - Data Control
Triplicate - Case File Copy

DR 310 (Rev. 11/00) Computer Generated
ATTACHMENT G

Job Placement Information
Dear

Please provide me with information on your current work status by completing the fill-in portion of this letter and returning it in the enclosed envelope. You may use the space under remarks for any comments or to indicate that you are not presently employed.

Thank you for your cooperation.

Sincerely,

Rehabilitation Counselor

I started work with: __________________________________________________________

Address: _________________________________________________________________

City: ___________________________ Zip Code: _________________________________

Job Title: ________________________ # of hours per week worked: ______________

Contact Person: ___________________ Phone No.: _____________________________

Date Started: ____________________ Wages: _______ Per ________

Remarks:

Is medical insurance available through your job? □ Yes □ No

Do you currently have medical insurance? □ Yes □ No

Is your medical insurance through your job? □ Yes □ No

Date: _________________ Sign: __________________________

Address: ________________________ Phone No.: _____________________________

City: ___________________________ Zip Code: _______________________________

DR 901 (New 2/95)
ATTACHMENT H

Closure Report – Rehabilitated

Closure Report – Non-Rehabilitated
Congratulations on reaching your employment goal!

I am sending you this CLOSURE REPORT because your record of services is being closed successfully. You have been employed for over 90 days. Your job is in an integrated setting, and is consistent with your Individualized Plan for Employment and your employment factors. As we agreed, you are satisfied with this employment, are performing well on the job, and require no further services at this time.

If you require assistance in the future, please contact me. You may be eligible for post-employment services.

☐ You are working in competitive employment.

☐ You are earning less than minimum wage. We will contact you annually for two years, or longer if requested, to see if you would like to seek or train for competitive employment (Title 9 CCR Section 7181.1(b)(1) and (c)(1)).

The services we provided and how they contributed to achievement of the employment outcome are as follows:
The following applies to you if you are a recipient of Supplemental Security Income (SSI) and/or a beneficiary of Social Security Disability Insurance (SSDI), and are participating in the Ticket to Work (TTW) Program:

- After your DOR case closure, your Medical Continuing Disability Reviews (CDRs) will continue to be suspended for 90 days, provided you are meeting the Social Security Administration’s (SSA’s) Timely Progress criteria.

- You may assign your Ticket to an Employment Network (EN) to receive follow-up, retention, or other employment-related support services. Suspension of your Medical CDRs will continue if you assign your Ticket to an EN and make Timely Progress. Assignment of your Ticket to the EN is voluntary.

- For more information about the Ticket to Work Program, you may call SSA’s TTW Help Line toll-free at 1-866-968-7842, or DOR’s Ticket line at 1-866-449-2730 or email ttwinfo@dor.ca.gov.

The California Department of Rehabilitation (DOR) conducts annual confidential surveys to determine if DOR services met our consumers’ needs and expectations. If your name is selected at random and you are sent a survey, we hope you will take a few moments to respond. Responses are used to improve consumer services.

For more information please see Attachment and Title 9 California Code of Regulations (CCR), Chapter 4, Section 7179.2, at http://oal.ca.gov for closure rules.

Your view(s) on closure:

Counselor Signature: ___________________________ Date Signed: ___________________________

Attachment - DR1000 Rights & Remedies
Dear

It has been some time since you have been in touch with this office. If you are still interested in receiving services from the Department of Rehabilitation, contact this office.

If we do not hear from you by [insert date], we will assume that you are not interested in our services at this time, and your case will be closed.

Sincerely,

Rehabilitation Counselor
STATE OF CALIFORNIA
CLOSURE REPORT - Not Rehabilitated
DR 2298 (Rev. 07/12)

<table>
<thead>
<tr>
<th>Consumer Name &amp; Address:</th>
<th>Counselor Name:</th>
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<th>Counselor Email:</th>
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<td>@dor.ca.gov</td>
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This CLOSURE REPORT informs you that your record of services has been closed without an employment outcome for the reason(s) checked below:

- You have been referred or transferred to another agency. Title 9 CCR section 7179.3(a)(5)
- You are unavailable to participate in VR services. Title 9 CCR section 7179.3(a)(3)
- Suitable transportation is not feasible or available. Title 9 CCR section 7179.3(a)(7)
- You need extended services that are not available. Title 9 CCR section 7179.3(a)(8)
- You have chosen not to participate in VR services. Title 9 CCR section 7179(b)(1) and 7179.3(a)(1)
- You have failed to cooperate. Title 9 CCR section 7179(b)(1) and 7179.3(a)(6)
- We have been unable to locate or contact you. Title 9 CCR section 7179(b)(2)
- You engaged in criminal activity including committing fraud, misrepresentation used to obtain services, collusion, or theft. Title 9 CCR section 7179.3(a)(9)
- The individual is deceased. Title 9 CCR section 7179.3(a)(4)

- You do not have a physical or mental impairment. Title 9 CCR section 7179.1(c)(2)
- Your physical or mental impairment does not constitute a substantial impediment to employment. Title 9 CCR section 7179.1(c)(3)
- You do not require Vocational Rehabilitation services to achieve an employment outcome. Title 9 CCR section 7179.1(c)(4)
- You cannot benefit from Vocational Rehabilitation services in terms of employment. Title 9 CCR section 7179.1(c)(1)

☐ All Other Reasons (specify):

For more information please see Title 9 CCR, Chapter 4, Sections 7179, 7179.1, and 7179.3 at http://dor.ca.gov for closure rules.

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<th>Counselor Signature:</th>
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Attachment - DR 1000 Rights & Remedies
ATTACHMENT I

Letter Communications
DEPARTMENT OF REHABILITATION
Office Name
Office address
Office city, state & zip

Date

Consumer name
Consumer address
Consumer city, state & zip

REFERRAL TO ORIENTATION

Dear ,

The Department of Rehabilitation invites you to attend an orientation meeting on at

Please bring the following with you to the meeting:

Contact me at unit phone number if you have any questions.

Sincerely,

SVRC name
SVRC title
SVRC email address
SVRC phone

DR 220 (New 02/11)
Dear

Your medical and/or vocational information has been received. Please phone me at the number below and make an appointment so that we can discuss your vocational objectives.

Sincerely,

Rehabilitation Counselor
Dear

Please call me so that we can arrange an appointment for you to come into the office at the earliest convenient time.

Sincerely,

Rehabilitation Counselor
Dear

It is important that I meet with you soon to discuss your vocational rehabilitation program. Therefore I have scheduled an appointment with you as follows:

[ ]

at .

If you are unable to keep this appointment, please call me as soon as possible to reschedule.

Sincerely,

[ ]

Rehabilitation Counselor
References


Retrieved from http://www.dor.ca.gov/SRC.src-docs/srcanrp07-08.rtf


California Department of Rehabilitation [DOR]. (2009b). *Community rehabilitation program guide to certification & vendorization: Community resources development.*


Retrieved from http://www2.ed.gov/fund/data/report/contracts/rfp/00r0040/ED00R0040-SOW.doc