

Potentially Eligible (PE) Request

This information is collected under the authority granted by 34 CFR § 361.38 for the purpose of facilitating vocational rehabilitation (VR) services. As mandated by this regulation and Wis. Stat. § 47.02(7), all personal information is kept confidential and released only with the informed consent of the consumer or their representative, or as required by law. Completing this form is voluntary, but not providing this information may result in service delays. Information collected may be used for administration of the VR program, coordination of services, and other purposes. Provision of your social security number (SSN) is voluntary; not providing it could result in an information processing delay.

Legal First Name		Preferred First Name		Middle Initial
Legal Last Name		Social Security Number - -	Date of Birth	
Address or PO Box				
City	State	Zip Code	County of Residence	
In which Wisconsin county would you like to receive services?				
E-mail Address				
Telephone Number			Cell Phone Number	
Do you give DVR permission to leave a message at the telephone numbers listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is your preferred method of contact? (only select one) <input type="checkbox"/> E-mail <input type="checkbox"/> Mail <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Telephone <input type="checkbox"/> Text Message				
Is there someone you want included in the scheduling of appointments during the referral/application process due to your disability? Please provide contact information below for the person. Appointment Contact Name: Appointment Contact Relationship: Appointment Contact Phone Number: Appointment Contact Email Address:				
Accommodation/Foreign Language Needs (check all that apply) <input type="checkbox"/> ASL Interpreter <input type="checkbox"/> Audio Taped Communications <input type="checkbox"/> Braille <input type="checkbox"/> Hmong <input type="checkbox"/> Large Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Spanish Comments:				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Agender <input type="checkbox"/> Genderqueer <input type="checkbox"/> Nonbinary <input type="checkbox"/> Transgender Man <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Two-Spirit <input type="checkbox"/> My gender is not listed <input type="checkbox"/> Choose Not to Identify				
Pronouns <input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Ze/Zir/Zirs <input type="checkbox"/> Prefer Not to Answer <input type="checkbox"/> Other: _____				
Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Choose Not to Identify				

