

For MRS office use only:
Date Application received _____

**MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH
MICHIGAN REHABILITATION SERVICES**

APPLICATION FOR EMPLOYMENT SERVICES

Please Print

Resident status: US Citizen Non-US Citizen, type of Visa: _____
NOTE: A copy of the VISA is required.

I. PARTICIPANT DATA

Name (Last, First, Middle Initial)		Social Security Number		Date of Birth	
Address (No. & Street, Apt)			City	County	Zip Code
Area Code & Phone No.	Voice	Fax TTY	E-Mail Address		
Race/Ethnicity	Hispanic Origin	Yes No	Multi-Racial	Yes No	Are you a Veteran? Yes No
What is your marital status?		Married	Widowed	Voter Registration	Sex
Never Married		Divorced	Separated	Currently registered Not registered	Male Female
Are you a previous MRS participant?	Yes >	When?	Which office?		
	No				
Who referred you to MRS?					
Primary Disability		Cause	Limitations		
Other Disability		Cause	Limitations		
Are you currently under a physician's care for your disability?		Yes	Who is providing treatment?		
		No			
Address					
Are you currently covered by health insurance?		Medicare	Medicaid	Both	
No		Yes >	Name of Insurance Coverage? _____		
Do you have a Michigan driver's license?		Yes >	Do you have a car, van or truck?	Yes	No >
		No	What is your means of transportation? _____		

What kind of job would you like and what services are you requesting from MRS?

II. SOURCES OF FINANCIAL ASSISTANCE (Which you are receiving)

Check those that apply and indicate amount	
SSI \$ _____ Mo.	Food Stamps \$ _____ Mo.
SSDI \$ _____ Mo.	Unemployment Compensation \$ _____ Wk.
TANF (FIP) \$ _____ Mo.	Workers Compensation \$ _____ Mo.
State Disability Assist. \$ _____ Mo.	V. A. Benefits \$ _____ Mo.
	Other (specify) _____ \$ _____
Other assistance applied for:	

Ila. FOR SSI/SSDI "TICKET TO WORK" RECIPIENTS ONLY

Please provide a copy of your social security card, award notice letter from the Social Security Administration, and your IWP if working with another provider.

Type of benefit: (Check both boxes if you receive both SSI and SSDI.)	Have you received a "Ticket to Work" from SSA?	Yes No
SSI	SSDI	
Are you receiving cash benefits under someone else's SSN?	Yes, Please give name and Social Security Number	
	No	
Have you assigned your ticket to any other provider?	Yes, if yes, who?	
	No	

