Action Request Transmittal
Vocational Rehabilitation

Oregon Department of Human Services
VOCATIONAL REHABILITATION

Howard Fulk, Policy and Training Manager
Authorized signature

Number: VR-AR 23-03
Issue date: 03/31/2023
Due Date: 03/31/2023

Topic: Other

Subject: Required forms for application and signatures on documents and record retention

Applies to (check all that apply):

☐ All DHS employees	☐ County Mental Health Directors
☐ Area Agencies on Aging: {Select type}	☐ Health Services
☐ Aging and People with Disabilities	☐ Office of Developmental Disabilities Services (ODDS)
☐ Self Sufficiency Programs	
☐ County DD program managers	☐ ODDS Children's Intensive in Home Services
☐ Support Service Brokerage Directors	
☐ ODDS Children's Residential Services	☐ Stabilization and Crisis Unit (SACU)
☐ Child Welfare Programs	☒ Vocational Rehabilitation

ACTION REQUIRED:

This Action Request (AR) identifies documents required to be shared with individuals as part of the application process for Oregon Vocational Rehabilitation services. **This transmittal replaces and rescinds the following guidance**:

- AR 20-09 Intake: Required forms for orientation or intake and application (effective 5/8/2020)
- VR-AR 20-10 COVID-19: Interim Operational Guidance: Signatures on documents and record retention (6/26/2020)

Reason for action:

Forms identified in this Action Request must be provided to individuals applying for services with Oregon Vocational Rehabilitation. All documents signed by the applicant, either electronically or with wet ink must be retained as the individual's official record.

This transmittal provides a list of the required forms and documents that must be provided to the applicant during the application process. Additional forms may be used as necessary.

PROCEDURES

All Forms to be Provided:

Required forms are:

- ☐ Application for services
- ☐ Authorization for Disclosure, Sharing and Use of Individual Information

  Versions are available in print and sign, Adobe Sign, and DocuSign
- ☐ Vocational Rehabilitation Dispute Resolution Rights
- ☐ Conflict Resolution Client Fact Sheet
- ☐ Disability Rights Oregon (DRO) Client Assistance Program brochure
- ☐ Voter Declination card
- ☐ Vocational Rehabilitation Counselor Professional Disclosure Statement – CRC counselors only
- ☐ Notice of Privacy Rights and Notice of Rights and Responsibilities

Optional forms will be listed in OWL and be a part of an OnDemand training for intake.

Electronic signatures

Forms signed electronically must be retained in accordance with document retention policies.

AUTHORITY

34 CFR §361.41 Processing referrals and applications.

Vocational Rehabilitation Services - Chapter 582. Division 50 Referral, Application and Eligibility for Vocational Rehabilitation Services.

VR-AR 20-04 UPDATED Protocol for Meetings, Correspondence and Documentation

VR-AR 20-07 revised UPDATED VR Virtual or Phone Meeting Guidance

Field/stakeholder review ☒ Yes ☐ No

If yes, reviewed by: VR Executive Team, Branch Managers, Direct Service Staff

If you have any questions about this action request, contact:

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