

Vocational Rehab Services Interest Form

\_\_\_ 30 Day Assessment \_\_\_ 90 Day Assessment \_\_\_ Annual Assessment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

**PLEASE CHOOSE ONE OF THE FOLLOWING:**

- YES**, I am interested in retaining my current job at \_\_\_\_\_
  
- YES**, I am interest in returning to work and I DO NOT need resources
  
- YES**, I am interested in returning to work and I DO NEED resources
  - Choose all resources that you need:
    - o Start a referral process to Vocational Rehab Agency
    - o Information about Vocational Rehabilitation Agencies
    - o Ticket to Work
    - o Kidney Works (AAKP)
    - o JumpStart (Georgia Resource Only)\*
    - o Online patient education resources
    - o Dis-Ability Pamphlet from the ESRD Network
    - o Other: \_\_\_\_\_
  
- NO**, I am not interested in returning to work or retaining my current job at this time. *If I change my mind at any time, I will discuss with my Social Worker.*
  - Choose one:
    - o I do not need any further assistance
    - o I need assistance applying for Disability Benefits (SSDI)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Social Worker Signature

\_\_\_\_\_  
Physician Signature

Date Referred to Vocational Rehab Agency: \_\_/\_\_/\_\_