



New Jersey Division of Developmental Disabilities

Division of Vocational Rehabilitation Services (DVRS) or Commission for the Blind and Visually Impaired (CBVI) Determination Form for Individuals Eligible for the Division of Developmental Disabilities (DDD)

Form to be provided to the VR Counselor (by the Support Coordination Agency or DDD Case Manager) for individuals who are seeking both VR and DDD services

Completed by the Support Coordinator/DDD Case Manager

Name of Individual:

DDD ID#:

DOB:

Last 4 digits of SS#:

Completed by VR Counselor

The following vocational rehabilitation services are available through DVRS/CBVI at this time:

- Vocational Training Services (specify): [Click here to enter text.](#)
- Supported Employment Services
- Trial Work Experience/Extended Evaluation
- Counseling/Guidance
- Post-Secondary/Educational
- Diagnostic Vocational Evaluation (DVE)
- Work Adjustment Training (WAT)
- Skills Training
- No VR services at this time due to the following:
 - Individual has decided not to apply for services at this time
 - Order of Selection
 - Transfer to another agency (please indicate the agency): [Click here to enter text.](#)
 - Case closure (please indicate the date in which the case was closed): [Click here to enter text.](#)
 - Other (please specify): [Click here to enter text.](#)

Anticipated End Date for the above mentioned VR services (if available): [Click here to enter a date.](#)

DVRS/CBVI Representative: [Click here to enter text.](#)

Office: [Click here to enter text.](#)

Signature: _____

DVRS/CBVI Representative

Date: [Click here to enter a date.](#)

Telephone#: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Completed by Support Coordinator/DDD Case Manager and Distributed by VR Counselor

Distribution: Please send the completed form to the following Support Coordinator/DDD Case Manager at the following email address:

Support Coordinator/Case Manager:

Email:

Telephone#: