

**System 7 form**

**STATE OF ARKANSAS**



*Mike Beebe*  
Governor

*Bill Walker*  
Director

<http://www.arsinfo.org>  
An Equal Opportunity Employer

**Arkansas Career Education  
Division of Rehabilitation Services  
Jonathan Bibb, Interim Commissioner**

**APPLICATION FOR SERVICES**

**NAME:**

I understand that I am responsible to help the Arkansas Rehabilitation Services (ARS) to determine my eligibility within 60 days of my application. I will be an applicant when I have:

- Signed the bottom of this form,
- Completed a ARS Intake Questionnaire, and
- Helped ARS to begin to get information that is needed to decide if I am eligible for services.

I understand that all of the information that ARS gathers about me will be confidential. This information will not be released to anyone without my informed written consent, except where allowed or required by law. It may be released if my actions cause serious concern about my safety or the safety of others. When ARS receives the information about me ARS will review it to determine if I am eligible for vocational rehabilitation services.

I understand that ARS can only pay for services if ARS writes an authorization before the services begin. I will not make promises to others that ARS will pay for any goods or services.

ARS has given me information about the Client Assistance Program (CAP) that is available in Arkansas (**see reverse**).

My counselor has explained the Order of Selection policy to me.

I understand that ARS may get information about my Social Security or Department of Social Services benefits, as well as Department of Labor employment records, for purposes of my vocational rehabilitation program.

If I disagree with any decision made by ARS (see Consumer Handbook for more information):

- I should first speak with my counselor to try to work out the problem.
- I also have the right to request an Administrative Review by the District Manager, mediation and/or Impartial Hearing.
- I must make a request for these steps within 30 days after they have notified me of the decision I disagree with.
- If I want to request an Administrative Review, I must send my request to the ARS District Manager in my area.
- If I want to request mediation or an Impartial Hearing, I must send my request to the ARS Commissioner, Arkansas Career Education, Division of Rehabilitation Services.

**I am applying for ARS services because I want to work, or to keep my job if I am employed.**

**SIGNATURE**  
\_\_\_\_\_

**DATE**  
\_\_\_\_\_

**SIGNATURE**

**DATE**

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Name of Counselor

Office

Telephone

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## **ARKANSAS REHABILITATION SERVICES**

### **WHEN YOU HAVE QUESTIONS:**

If you do not understand what is happening with your application for services, or what is expected of you, or you have any other questions, first talk to your counselor. If this does not solve your concerns or answer your questions, you are then encouraged to speak to your counselor's supervisor and/or District Manager.

You can find information about ARS services, the ARS eligibility process, and about what to do if you disagree with ARS in the ARS Consumer Handbook.

### **ANOTHER SOURCE OF ASSISTANCE IS:**

#### **CLIENT ASSISTANCE PROGRAM**

##### **WHAT IS THE CLIENT ASSISTANCE PROGRAM (CAP)?**

CAP is a program to help you to understand your rights under the vocational rehabilitation program or help you if you have problems receiving services from the Arkansas Rehabilitation Services. CAP can provide advice, representation, or legal assistance, if appropriate.

All services are free of charge and provided on a non-discriminatory basis.