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Equity Assurance and Compliance Office  
 Office of the Deputy State Superintendent for  
 Finance and Administration  
 Maryland State Department of Education  
 200 W. Baltimore Street - 6th Floor  
 Baltimore, Maryland 21201-2595  
 410-767-0426 - voice • 410-767-0431 - fax  
 410-333-6442 - TTY/TDD

For inquiries regarding this publication, please contact DORS' Public Affairs Office 410-554-9435.

[www.dors.maryland.gov](http://www.dors.maryland.gov)



# OPENING DORS TO EMPLOYMENT

Division of Rehabilitation Services  
[www.dors.maryland.gov](http://www.dors.maryland.gov)



MSDE DORS administers two employment readiness programs for individuals with disabilities:

- The general vocational rehabilitation (VR) program
- Pre-Employment Transition Services (Pre-ETS)

## VOCATIONAL REHABILITATION (VR)

DORS VR programs specialize in helping people with disabilities obtain competitive employment in an integrated setting.\*

If you are eligible, you will work with a DORS counselor to choose from programs and services such as:

- \* Career counseling and decision making based on your interests, abilities, and goals
- \* Training to prepare for employment
- \* Skills training leading to credentials to meet local labor market demands
- \* Job search and job placement services
- \* Job coaching and supported employment services
- \* Assistive technology solutions for disability related needs

## VR ELIGIBILITY

- \* Individuals with the most severe disabilities are served on a priority basis. Some eligible individuals with less severe disabilities may be placed on a waiting list for services.
- \* Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) recipients are automatically eligible for services, but may be placed on a waiting list.
- \* Services are provided based on the availability of funds and must be part of your DORS Individualized Plan for Employment (IPE).
- \* You may be required to contribute to the cost of some services and goods, based on income.



\* Competitive integrated employment is work performed by a person with a disability working along with workers who do not have disabilities. Wages are at least minimum wage and comparable to the wages of non-disabled workers performing the same tasks.

## PRE-EMPLOYMENT TRANSITION SERVICES (PRE-ETS)

DORS provides Pre-ETS specifically to “Students with Disabilities.” A “Student with a Disability” is defined as an individual who:

- \* is enrolled in secondary school and has not exited, graduated, or withdrawn, or is enrolled in a post-secondary credit program or a national/ State-recognized accredited training program;
- \* is at least 14 years old but less than 22;
- \* and has a disability (i.e., receives services under an IEP or 504 plan, or has a disability for purposes of section 504).

The limited Pre-ETS that may be provided, based on identified need and the availability of services, include:

- \* Job exploration counseling
- \* Work-based learning experiences, which may include in-school or after-school opportunities, experiences outside of the traditional school setting, and/or internships
- \* Counseling on opportunities for enrollment in comprehensive transition or post-secondary educational programs
- \* Workplace readiness training to develop social and independent living skills
- \* Instruction in self-advocacy

See the *Pre-ETS Fact Sheet* on the *DORS website* for more information.

### FOR MORE INFORMATION

visit our website

[www.dors.maryland.gov](http://www.dors.maryland.gov)



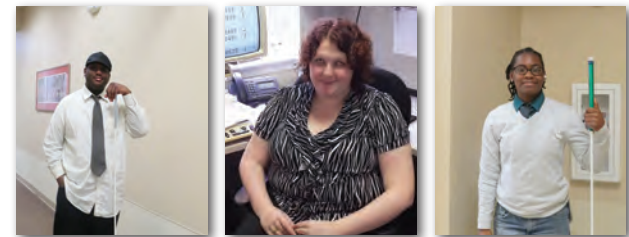
410-554-9442 or 888-554-0334 toll free

Videophone: 443-798-2840

Email: [dors@maryland.gov](mailto:dors@maryland.gov)

In addition to general VR services, DORS Office for Blindness & Vision Services (OBVS) also provides:

- \* Independent living services to individuals age 55 and older who have vision loss or blindness.
- \* Management of the Maryland Business for the Blind, which provides training and supports for legally blind individuals to operate retail concessions on federal and state property.
- \* Adjustment to Blindness Skills training for consumers ages 16-54



DORS also operates the **Workforce & Technology Center** in northeast Baltimore.

There is a wide range of programs under one roof at WTC – career training, rehabilitation technology, career assessment, job placement, driver’s education, and more.



Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Application for Rehabilitation Services**

**Referral Information**

**Social Security Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Name (Last, First, Middle):** \_\_\_\_\_  
**What do you prefer to be called?** \_\_\_\_\_  
**Please list any previous last names (e.g. maiden name, etc.):** \_\_\_\_\_  
**Who referred you to DORS?** \_\_\_\_\_

**Home Address (house number and street address, apt., etc.):** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_  
**Mailing Address:(if different from home address)** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_  Home  Cell Phone  Fax  TDD  Videophone  Work  
**Second Phone:** \_\_\_\_\_  Home  Cell Phone  Fax  TDD  Videophone  Work  
**Would you like DORS staff to send job leads, appointment reminders, schedule changes and other updates to you by text message?**  Yes  No **If yes, at what number?** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**What is your current living arrangement?**

- Private Residence (independently or with family or other person)  
 Community Residential Facility/ Group Home  Rehabilitation Facility  Mental Health Facility  Nursing Home  
 Correctional Facility  Halfway House  Substance Abuse Treatment Center  Homeless/Shelter  
 Other Arrangement: \_\_\_\_\_

**Emergency or Other Contacts**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone/TDD:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Phone/TDD:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Characteristics**

**Gender:**  Male  Female  I do not wish to self-identify

**Please identify your race/ethnicity (check all that apply):**

- American Indian or Alaskan Native  Asian  Black  Native Hawaiian or Other Pacific Islander  White  
 I do not wish to self-identify (this is an option only for individuals who are not enrolled in secondary school)

**Are you Hispanic or Latino?**  Yes  No

**Do you need assistance with communicating in English?**  Yes  No **If yes, please explain:**  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need assistance with reading English?**  Yes  No **If yes, please explain:**  
\_\_\_\_\_  
\_\_\_\_\_

**What is your primary language?**

- English  Chinese  Korean  Russian  Spanish  Vietnamese  
 American Sign Language (ASL)  Contact Signing/PSE  Signed Exact English  Foreign Sign Language  
 Speech Reading  Tactile Communication  Other: \_\_\_\_\_

**How would you prefer to receive written communication?**

- Standard Print  Braille  Large Print  Electronic Format via E-mail  Audio Recording

**Employment Status**

Are you a U.S. Citizen?  Yes  No If no, are you authorized to work in the U.S.?  Yes  No

Employers by law must require all new hires to fill out a federal I-9 "Employment Eligibility Verification" form based on certain forms of I.D. Which of the following forms of ID do you currently possess for I-9 verification? Check all that apply:

- U.S. Passport  Driver's License  State/Government-issued ID Card  U.S. Military ID
- Permanent Resident Card ("Green Card") – Alien Registration Number: \_\_\_\_\_ Expiration: \_\_\_\_\_
- Social Security Card  Birth Certificate  None

If you have no I.D., have you applied for I.D.?  Yes  No

**Veteran Status**

- I am not a veteran.
- Yes, I am a veteran, which means I served in active military, naval or air service, and was discharged or released under conditions other than dishonorable.

**Indicate any programs or services you are involved with at this time:**

- Adult Education and Literacy Program
- Behavioral Health Administration (BHA)
- Center for Independent Living
- Child Protective Services
- Community Rehabilitation Program
- Department of Correction or Juvenile Justice
- Department of Labor, Licensing, & Regulation (DLLR)
- Department of Social Services (DSS)
- Developmental Disabilities Administration (DDA)
- Disability Organization or Advocacy Group
- Mental Hygiene Administration (MHA)
- Maryland Department of Disabilities (MDOD)
- Educational Institution (high school or post-secondary)
- Employment Network through Social Security Ticket-to-Work Program If so, Name of Agency Ticket is assigned to: \_\_\_\_\_
- Employer-funded services
- Federal Student Aid Program
- Medical Health Provider
- Mental Health Provider
- One-stop Employment/Training Center
- Other VR State Agency (Out-of-State)
- Public Housing Authority
- Social Security Administration (e.g., Disability Determination Services (DDS) or local SSA office)
- Veterans Benefits Administration
- Veterans Health Administration
- Workers Compensation
- Other Source: \_\_\_\_\_

**Financial Information**

How many dependents do you have, including yourself? \_\_\_\_\_

What is your gross monthly family income? \$ \_\_\_\_\_

**What is your primary source of support?**

- Personal Income (employment earnings, interest, dividends, rent, retirement including Social Security retirement)
- Public Support (SSI, SSDI, Other Disability, TANF, VA, General Assistance, Worker's Compensation, etc.)
- Spouse, Family and Friends
- Other Sources (private disability insurance and private charities)

**Please identify your SSDI (Social Security Disability Insurance) Status:**

- Allowed/Receiving Benefits  Denied Benefits  Application Pending  Benefits Discontinued/Terminated
- Not an Applicant  Status Not Known

**Please identify your SSI (Supplemental Security Insurance) Status:**

- Allowed/Receiving Benefits  Denied Benefits  Application Pending  Benefits Discontinued/Terminated
- Not an Applicant  Status Not Known

**Please list all public benefit amounts (per month):**

- SSI Type:  Aged  Blind  Disabled \$ \_\_\_\_\_ SSDI: \$ \_\_\_\_\_
- VA (Veterans' Disability Benefits): \$ \_\_\_\_\_ TANF (Dept. Social Services): \$ \_\_\_\_\_
- General Assistance (Dept. Social Services): \$ \_\_\_\_\_ Other Disability: \$ \_\_\_\_\_
- Workers' Compensation: \$ \_\_\_\_\_ Unemployment Insurance (DLLR): \$ \_\_\_\_\_
- Other public benefit: \$ \_\_\_\_\_

**Insurance**

**What medical insurance do you have? (check all that apply)**

None  Medicaid/Medical Assistance  Medicare  Workers' Compensation  Affordable Care Act Exchange (State or Federal)  Other Public Insurance – Source: \_\_\_\_\_

- I am employed and have private insurance through my own job.
- I am employed, and will have private insurance through the job I am doing now after a set period of time.
- I have private insurance through other means (parent or other family member).

If you have insurance, who is the policy holder? \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

Primary Adult Care (PAC) Number: \_\_\_\_\_ Worker's Compensation Claim Number: \_\_\_\_\_

**Education Information & History**

**If you are currently in high school:**

What is your 10-digit Maryland State Student I.D.? \_\_\_\_\_

What grade are you in? \_\_\_\_\_ What school do you attend? \_\_\_\_\_

What year did you begin high school? \_\_\_\_\_ What year will you graduate or exit school? \_\_\_\_\_

When you graduate or exit school, do you expect to receive  a diploma or  a certificate?

Are you receiving education services and support under a 504 Accommodation Plan?  Yes  No

If not, are you receiving education services under an Individualized Education Plan (IEP)?  Yes  No

If you completed high school, did you exit with a diploma or a certificate?  Diploma  Certificate  Neither

On what date did you complete high school? \_\_\_\_\_

**If you are not currently in high school, what is the highest level of education you completed?**

- No formal schooling
- Elementary or Secondary School Grade: \_\_\_\_\_
- High School Certificate of Completion
- High School Diploma
- GED
- Post-Secondary Education (no degree or certificate)  
Number of credits earned toward degree: \_\_\_\_\_
- Vocational/Technical Certificate
- Vocational/Technical License
- AA Degree
- Bachelor's Degree
- Master's Degree
- Graduate Degree (e.g., PhD, EdD, JD, MD)

On what date did you complete your highest level of education? \_\_\_\_\_

Are you currently a student, an intern, in training or volunteering?  Yes  No

If applicable, describe current training/education:

\_\_\_\_\_  
\_\_\_\_\_

**Employment Information**

If you are not employed, when was the last date you were employed? \_\_\_\_\_

**If you are employed:**

What is your job title? \_\_\_\_\_

Is this self-employment or a Business Enterprise Program (BEP)?  Self-Employment  BEP  Neither

How many hours do you work per week? \_\_\_\_\_

What is your salary or average hourly wage (including tips)? \$ \_\_\_\_\_  Annually  Monthly  Weekly  Hourly

Are you a transitioning service member?  Yes  No

Are you requesting services because you are in jeopardy of losing your job?  Yes  No

Have you received a termination notice or a Worker Adjustment & Retraining Notification (WARN)?  Yes  No

**Work History**

*Please list your full work history, and start with most recent job first, or provide copy of your resume:*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Job Duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*Please attach any additional work history.*

**Disability Information**

*Please list and describe your disabilities, beginning with your primary disability:*

1. Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
This disability is a result of: \_\_\_\_\_  
How does this disability limit your ability to obtain employment, work, or live independently?  
\_\_\_\_\_  
\_\_\_\_\_

2. Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
This disability is a result of: \_\_\_\_\_  
How does this disability limit your ability to obtain employment, work, or live independently?  
\_\_\_\_\_  
\_\_\_\_\_

3. Disability: \_\_\_\_\_ Date of onset: \_\_\_\_\_  
This disability is a result of: \_\_\_\_\_  
How does this disability limit your ability to obtain employment, work, or live independently?  
\_\_\_\_\_  
\_\_\_\_\_

**Other Information**

Please describe any special needs or work-related concerns you may have (e.g., personal care assistance, child care, transportation, criminal background):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from participating in rehabilitation services (i.e., the kind of work you want to do or your independent living goals)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments, concerns or additional information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **REQUEST FOR SERVICES AND NOTIFICATION OF RIGHTS**

I am requesting rehabilitation services and have been given a copy of the Opening Doors to Employment, Informed Choice and Client Assistance Program brochures. I understand my rights and responsibilities under this program. Information that I have provided is to the best of my knowledge true, correct and complete. I understand that giving DORS untrue and/or fraudulent information may result in services not being provided or continued. By signing this request I give permission for DORS to verify my status as a recipient of Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI).

**Before signing, please discuss with your DORS counselor any information you do not understand.**

**Applicant Signature/Date:** \_\_\_\_\_

Signature of Parent or Representative: \_\_\_\_\_  
(if applicant is in high school, under age 18 or has a legal guardian)

## **INFORMATION GATHERING**

- The principal purposes served by gathering information requested on the Application, Financial Statement and individualized plan of services are 1) to determine your eligibility for rehabilitation services; 2) to determine what, if any financial participation you may be expected to provide; and 3) to plan your services.
- Refusal to provide the requested information will result in DORS finding you not eligible for services.
- You have a right to review, amend or correct the requested information under Maryland Annotated Code, State Government Article, Section 10-611-10-629.
- The requested information is not available for public inspection, unless you give written permission.
- The requested information is routinely shared with other governmental agencies when information is needed for you to obtain benefits or services; for audit, evaluation or research purposes connected with the administration of the rehabilitation program as long as confidentiality is safeguarded; and to obtain payment for services which have been provided when covered by third party resources.
- DORS requests the Social Security Number of applicants for services and uses it only for federal reporting purposes and, as applicable: (1) confirmation of Social Security benefits and presumption of eligibility, and (2) financial transactions.

Maryland State Department of Education  
**Division of Rehabilitation Services**  
**Health Status: Self Report**

Name: \_\_\_\_\_ Participant ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

DORS needs information about your disability/disabilities to see if you are eligible for our program and what services you will need to get and keep a job or become more independent. DORS staff will keep this information confidential according to federal and state law.

What is your disability? \_\_\_\_\_

#	Question	Yes	No	Explanation
1	Have you ever had a physical, mental or other problem which kept you from working or being independent?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Are you currently under the care of a doctor, psychologist or therapist? (Please list on the back or at the end of this form.)	<input type="checkbox"/>	<input type="checkbox"/>	
3	Do you currently require the use of prescription medications? What are they and for what condition?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Do you use or need some kind of assistive device or accommodation to help you function independently (eye glasses, hearing aid, braces, wheelchair, artificial limb or similar device)? What are they?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Have you ever had a head injury or lost consciousness?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Do you have a diagnosis or medical history of substance abuse or alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are you HIV positive or do you have AIDS?	<input type="checkbox"/>	<input type="checkbox"/>	
8	Do you need assistance with routine activities of daily living (dressing, personal hygiene, meal preparation, household chores)?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do you have difficulty with such things as remembering, following instructions, doing what others expect of you?	<input type="checkbox"/>	<input type="checkbox"/>	
10	Do you have difficulty reading or understanding?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Have you been told you have a "learning disability?"	<input type="checkbox"/>	<input type="checkbox"/>	
12	Have you had special education services?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Do you have other health problems affecting your ability to work which are not listed here?	<input type="checkbox"/>	<input type="checkbox"/>	



How does your disability make it difficult for you to work, get the job you want, or be independent?

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What accommodations (devices or assistance) do you need in a school or work setting?

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**MEDICAL INFORMATION**

Please complete the following about your current health care providers:

Family Doctor/HMO: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Current Treatment/Medications: \_\_\_\_\_

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Side Effects: \_\_\_\_\_

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Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Current Treatment/Medications: \_\_\_\_\_

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Side Effects: \_\_\_\_\_

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Specialist's Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date Last Seen: \_\_\_\_\_

Current Treatment/Medications: \_\_\_\_\_

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Side Effects: \_\_\_\_\_

**HOSPITALIZATION/TREATMENT**

Please list all hospitalizations within the last 2 years:

Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Condition treated: \_\_\_\_\_

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Facility: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_

Condition treated: \_\_\_\_\_

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To the best of my knowledge, the information I have provided is complete and correct.

Applicant Signature/Date: \_\_\_\_\_

See your DORS counselor to obtain this form in Braille, in large print, electronically or in other format.

# Informed Choice



## What is Informed Choice?

You have come to the Division of Rehabilitation Services (DORS) for assistance in preparing for a job or training, or finding a job. As you work with DORS staff, you will make many decisions affecting your career and life, such as:

- What kind of work fits your interests and abilities
- What you need to get that type of job
- What help you need to keep the job

DORS staff will help you explore your options and the pros and cons of each option. You will then be able to make good decisions leading to employment. This is "informed choice."

There may be times when, because of policy or funding issues, DORS may not be able to pay for a specific choice you would like to make. However, your preferences should always be an important part of planning your rehabilitation program.

## What You Need To Fully Consider:

- You – your strengths, needs, preferences, priorities, concerns, and hopes as they relate to employment.
- The Job Market – accurate information about employment trends and opportunities, employer needs and expectations, and job duties and requirements.
- Resources – information regarding community resources and programs which can assist you in preparing for employment or reaching your employment goal.
- DORS – information about DORS policies and procedures as they relate to your preferences, needs, and employment goal.

Your DORS counselor is there to guide and assist you in identifying and considering all of these factors. You are welcome to invite a support person(s) to meetings with DORS staff.

## Important Opportunities to Make Informed Choice

DORS consumers have the right to participate fully from the beginning to the end of your vocational rehabilitation process, including when you:

- Plan for types of assessments and evaluations.
- Develop employment options and select an employment goal.
- Decide what steps are needed in order to reach your employment goal.

- Choose who will provide rehabilitation services, goods, and assessments.
- Develop your Individualized Plan for Employment (IPE) or your Pre-Employment Transition Services Agreement.
- Plan how your financial contribution, if any, will be applied to your services.
- Identify types of jobs to consider and select from available job offers.

The Workforce Innovation and Opportunity Act (WIOA) confirms that students with disabilities who may not have applied or been determined eligible for vocational rehabilitation services have the right to exercise informed choice in regards to the receipt of limited Pre-Employment Transition Services.

### **Advocacy and the Appeals Process**

Throughout the rehabilitation process, you will have opportunities to discuss your options and choices with DORS staff. If you are not able to come to agreement, you may contact the Client Assistance Program (CAP) to assist you in communicating your point of view and negotiating with DORS. You can reach a CAP specialist by calling 1-800-638-6243.

If you have a concern about any decision made by DORS, you may talk with your counselor the office supervisor, other DORS management staff, and/or request assistance through CAP.

You have the right to request a formal appeal by submitting your concerns in writing, within 60 days of the decision, to:

Assistant State Superintendent in Rehabilitation Services  
2301 Argonne Drive  
Baltimore MD 21218

Formal appeals are heard through the Office of Administrative Hearings. If both parties involved agree, there is an option to pursue a formal mediation process to assist in settling any dispute. Additional information regarding the appeal process can be requested through your counselor or CAP.

Maryland State Department of Education  
Division of Rehabilitation Services  
Toll free: 1-888-554-0334  
TTY: 410-554-9411  
Website: [www.dors.maryland.gov](http://www.dors.maryland.gov)



# The Client Assistance Program (CAP)

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The **Client Assistance Program (CAP)** will help you with concerns or difficulties you may have when pursuing Rehabilitation Act services under the Workforce Innovation and Opportunity Act (WIOA).

Rehabilitation Act services include pre-employment transition services for students with disabilities (as defined by WIOA), vocational rehabilitation services, and independent living services for older blind individuals provided through the Division of Rehabilitation Services, as well as independent living services provided through the Maryland Centers for Independent Living.

Our goal is to assure that you are treated respectfully and fairly and in a manner consistent with agency policies and state and federal laws.

Our staff can provide you with information and advocacy assistance to help resolve your concerns about rehabilitation services.

## Let us know what you need. CAP can . . .

- Explain your rights and your responsibilities throughout the rehabilitation or Pre-Employment Transition Services process.
- Help you communicate your concerns to DORS staff.
- Inform you about rehabilitation or Pre-Employment Transition programs and services.
- Explain DORS policies and procedures.
- Advocate for you when a service has been denied or when you are unhappy with a service provided.
- Arrange for legal services when necessary to represent you in a formal appeal.
- Inform you about your employment rights under the Americans with Disabilities Act.

## As a DORS consumer, you have a right to . . .

- Apply or reapply for vocational rehabilitation services.
- Receive Pre-Employment Transition Services if you qualify as a student with a disability (as defined by WIOA).
- Request and receive information about independent living or employment choices and services so that you can reach your goals.
- Fully participate in program planning, and make meaningful choices about assessment services, your employment goal, and the services required to achieve your goal.
- Be confident that you will be treated with respect and courtesy.
- Receive reasonable accommodations during vocational rehabilitation and Pre-Employment Transition Services.
- Request and receive a written explanation if you have asked for services and been denied.
- Discuss a decision to close your case with your counselor before the case record is closed, or be made aware that you no longer qualify for services.

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## Your Appeal Rights

CAP often helps resolve concerns by talking with you, the rehabilitation counselor and supervisor. We use a variety of ways to resolve disputes. However, you always have the right to ask for a formal appeal hearing.

Your request for a hearing must include:

- the action or decision appealed
- a brief statement of your reasons for appealing
- the action or response you are requesting from the Division
- your signature or signature of your authorized representative
- your contact information

You must submit a written request for a hearing within 60 days of the Division's decision or action with which you disagree to:

Assistant State Superintendent in Rehabilitation Services  
Division of Rehabilitation Services  
2301 Argonne Drive  
Baltimore, MD 21218

If you need help with writing your appeal request, a CAP specialist can assist you.

The Assistant State Superintendent will acknowledge your request in writing. Your hearing will be scheduled through the State of Maryland Office of Administrative Hearings (OAH). A hearing will be held within 60 days before an Administrative Law Judge.

Prior to the appeal hearing, you and DORS staff may agree to participate in mediation. Mediation can be scheduled only if both parties agree. If differences are resolved to both parties' satisfaction through mediation, a formal hearing may not be required.

Questions or problems with  
rehabilitation services?  
Do you need an advocate?

## Client Assistance Program (CAP)

2301 Argonne Drive  
Baltimore, MD 21218

Voice: 410-554-9361

Toll-free: 1-800-638-6243

Fax: 410-554-9362

TTY: 410-554-9360

E-mail: [cap.dors@maryland.gov](mailto:cap.dors@maryland.gov)

The Client Assistance Program (CAP) complies with the Civil Rights Act and the Americans with Disabilities Act and does not discriminate on the basis of sex, race, religion, color, age, national origin, residence, disability or political affiliation in providing services and employment opportunities.

Call CAP or see your DORS counselor to obtain this brochure in Braille, large print, on disk or other format.

# Maryland Client Assistance Program



Need advocacy  
help with  
vocational rehabilitation  
services?

1-800-638-6243

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