

SUPPLEMENTAL PERSONAL INFORMATION

DR222A (REGS/Rev. 01/23)

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If you choose, fill out the below fields and provide to your local DOR office via email, mail, or in person with the DR 222 Vocational Rehabilitation (VR) Services Application form. This form is optional, however information requested in this form is required throughout the process of receiving DOR services. You may choose to share the supplemental personal information when you meet with your vocational rehabilitation counselor.

Name:	Gender: <input type="checkbox"/> _____ <input type="checkbox"/> Choose not to self-identify
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1. Race and Ethnicity Checklist

☐ American Indian or Alaskan Native

Asian Group: ☐ Asian Indian ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese
☐ Korean ☐ Laotian ☐ Vietnamese ☐ Other Asian

☐ Black or African American

Native Hawaiian or Other Pacific Islander Group: ☐ Guamanian or Chamorro
☐ Hawaiian
☐ Samoan ☐ Other Pacific Islander

☐ White☐ Hispanic or Latino2. What is your monthly public source of support?☐ Do not receive public support☐ Public Support (please complete the following):

\$_____ Supplemental Security Income (SSI)

☐ Applied ☐ Denied ☐ Pending ☐ Discontinued/Terminated

\$_____ Social Security Disability Insurance (SSDI)

☐ Applied ☐ Denied ☐ Pending ☐ Discontinued/Terminated

\$_____ Temporary Aid to Needy Families (TANF)

\$_____ Other Public Assistance

3. Did you serve in the active military, naval, or air service, and was discharged or released under conditions other than dishonorable?

☐ Yes☐ No

4. What type of medical insurance coverage do you have?

☐ Medicare☐ Private (employment)☐ State or Federal☐ Medicaid (Medi-Cal)☐ Private (other)☐ Affordable Care Act☐ Public (non-Medicare,
Medicaid, or Affordable Care
Act Exchange)☐ Exchange☐ None

5. Check if you are receiving transition services under either of the following:

☐ Individualized Education Program(IEP) ☐ 504 Plan

6. Who referred you to DOR?

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Privacy Statement:

The law requires this notice to be provided to individuals when collecting personal information. This form is optional and is not required to be completed. The primary purpose of the DR 222A Supplemental Personal Information is to collect information the Department of Rehabilitation (DOR) is required to report to the federal government for reporting purposes. The data is reported in aggregate form, which means that your name or other personally identifiable information will not be specifically reported. The DOR is required to report all of the information collected on this form to the federal government for reporting purposes. If you choose not to complete this form, your assigned vocational rehabilitation counselor may attempt to collect this information from you throughout the process, but it will not negatively impact your receipt of vocational rehabilitation services.

The Supplemental Personal Information will be included in your record of services at DOR, and you have the right to inspect any information that DOR maintains about you, unless law or regulation does not allow that information to be provided. If you have questions or to request information, please contact your local DOR office or you may contact DOR's Consumer Affairs and Quality Assurance Unit at (916) 558-5394, dorcustomerserviceunit2@dor.ca.gov, or 721 Capitol Mall, Sacramento, California 95814.

The DOR follows applicable federal and state privacy laws and regulations. In the following situations, the law allows DOR to share some personal information without a consumer's written authorization: (1) for the federal government to evaluate DOR's program performance; (2) in response to a court order, investigations in connection with law enforcement, fraud, abuse, or to protect the consumer or others; and (3) for audit, evaluation, or research purposes directly connected with the administration of the vocational rehabilitation program or to significantly improve the quality of life for vocational rehabilitation applicants and consumers in accordance with a written agreement. The written agreement will limit the use of the information and safeguard confidentiality. If the final report reveals any personal identifying information, informed, written consent will be required. For more information, please see DOR's Privacy Policy at www.dor.ca.gov/Home/PrivacyPolicy.

Below is a list of the laws and regulations discussed above in this Privacy Statement and Notice: section 3141 of title 29 of the United States Code; sections 361.38, 361.45, and 361.46 of title 34 of the Code of Federal Regulations; California Civil Code sections 1798 through 1798.78 of the California Civil Code; and sections 7140 through 7143.5 of title 9 of the California Code of Regulations.