



## Employment Services Data Sheet

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Are you connected to Texas Vocational Rehabilitation?  Yes  No

Texas VR Counselor: \_\_\_\_\_

Driver License/State ID number: \_\_\_\_\_

State of issue: \_\_\_\_\_

Access to Social Security Card?  Yes  No

Access to birth certificate?  Yes  No

Do you have a Legal Guardian?  Yes  No

If yes, please provide the following:

Name: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_