



Entry Services ACCES-VR Orientation

(Survey)

| 1. | Did you gain an understanding of ACCES-VR Services? | | | 🗆 Yes | 🗆 No | |
|--------------------|--|--|--|--------------------|------|--|
| 2. | Will you be applying for ACCES-VR Services? | | | □ Yes | 🗆 No | |
| 3. | Do you understand how to apply for ACCES-VR Services? | | | □ Yes | 🗆 No | |
| 4. | Will you need assistance to apply for services? | | | □ Yes | 🗆 No | |
| 5. | How did you hear about ACCES-VR? (Check below) | | | | | |
| | Advertising Drug/Rehab Program Family / Friends High School / Post Secondary Education | | Independent Medical Clini Probation / F Rehabilitatio Other (Speci | Parole n Agency | | |
| Your Name: | | | | | | |
| F | irst: Middle: | | | Last: | | |
| Your Phone Number: | | | | | | |
| | | | | | | |

Your Email Address:

Comments: