



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: