



**VOCATIONAL REHABILITATION REFERRAL STATUS (VRRS)
FOR PATIENTS 18-54 (UPDATE ANNUALLY)**

PATIENT'S NAME _____ **DATE COMPLETED** ___/___/___

SOCIAL SUPPORT **YES** **NO**

Family ___ ___

Friends ___ ___

Co-patients ___ ___

Religious/Social Groups ___ ___

PSYCHOSOCIAL ADJUSTMENT **YES** **NO**

Adjusted to treatment ___ ___

Family supportive ___ ___

Adherent with treatment plan ___ ___

Demonstrates inappropriate
behavior ___ ___

RESIDENCY STATUS

YES **NO**

Lives alone ___ ___

With spouse ___ ___

With children ___ ___

With relatives ___ ___

Lives in Nursing Home/
Retirement Ctr. ___ ___

Number in household ___ ___

FINANCIAL STATUS/INSURANCE RESOURCES

YES **NO**

Medicare ___ ___

Medicaid ___ ___

Commercial Insurance Co. ___ ___

Medicare Supplement Co. ___ ___

TX Kidney Health Care ___ ___

Other _____ ___ ___

AWARENESS OF TREATMENT OPTIONS

Hemodialysis:

In-Center ___ ___

Home ___ ___

Peritoneal ___ ___

Transplant ___ ___

Transplant workup
in progress ___ ___

INCOME SOURCES

Social Security Disability Benefits ___ ___

Sup. Sec. Income (SSI) ___ ___

Food Stamps ___ ___

Retirement/Pension ___ ___

VA Benefits ___ ___

Employment ___ ___

Other _____ ___ ___

EMPLOYMENT/SCHOOL STATUS

Retired due to age ___ ___

Retired due to disability ___ ___

Works full time ___ ___

Hours per week ___ ___

Works part time ___ ___

Hours per week ___ ___

Student ___ ___

Volunteer ___ ___

TRANSPORTATION

Drives self ___ ___

Friends/family provide ___ ___

Public/Taxi/Bus ___ ___

Community Group ___ ___



FOR PATIENTS BETWEEN THE AGES OF 18 – 54

IF UNEMPLOYED

YES NO

Does patient want to work or attend school? ___ ___

Is patient physically able to work? ___ ___

During the past 12 months:

Has patient been informed of Vocational Rehabilitation Services? ___ ___

Has patient been referred for Vocational Rehabilitation? ___ ___ if yes date referred ___/___/___

Has patient been accepted by Vocational Rehabilitation Agency? ___ ___ if yes date accepted ___/___/___

If patient referred and not accepted, why?

Has patient returned to work or school? ___ ___ if yes date returned ___/___/___

IF EMPLOYED OR IN SCHOOL

Did patient return to work as a result of Vocational Rehabilitation training? ___ ___

COMMENTS:

FACILITY

DIALYSIS CENTER SOCIAL WORKER