Vocational Rehabilitation (VR) Orientation Video
Attestation Form

Please sign this form after you have viewed the VR Orientation Video and provide the signed document to your local VR representative to be kept in the physical VR case record.

Individual’s Name: _________________________________  VR ID: ____________
(Please print First and Last Name)

Attestation

I, _________________________________, hereby acknowledge that I have viewed and completed the Vocational Rehabilitation Orientation Video and understand the contents. I further acknowledge that I would like to move forward with the Vocational Rehabilitation Process.

_________________________________________  __________________________________________
Individual’s Signature  Parent or Guardian Signature

___________  ___________
Date  Date

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of grant funds awarded were $153,000,001. The remaining 21.3 percent of the costs ($41,409,148) were funded by Florida State Appropriations.