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
(Please print First and Last Name)
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 2019 Federal fiscal year, the total amount of grant funds awarded were $161,156,579. The remaining 21.3 percent of the costs ($43,616,711) were funded by Florida State Appropriations.