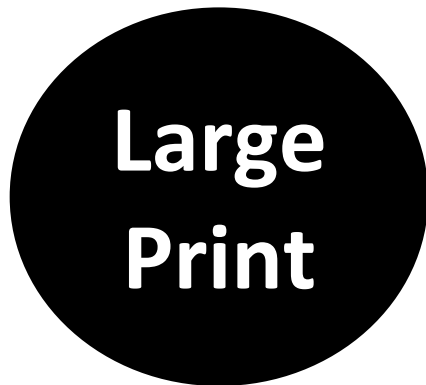


# **Vocational Rehabilitation (VR)**

## **Orientation Video**

## **Attestation Form**



**Florida Department of Education**

**Division of Vocational Rehabilitation**

## **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.

(Please print First and Last Name)

Individual's Name: \_\_\_\_\_

VR ID: \_\_\_\_\_

**Attestation**

I, \_\_\_\_\_, hereby

(Please print First and Last Name)

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 \_\_\_\_\_

Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_

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.