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 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.