



REHABILITATION NEEDS INVENTORY (RNI)

Privacy Act Notice: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., to determine entitlement to vocational rehabilitation benefits and to plan a program of rehabilitation services) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is voluntary. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information submitted is subject to verification through computer matching programs with other agencies.

Respondent Burden: We need this information for educational and vocational planning to help you make the best use of your vocational rehabilitation benefits. Title 38, United States Code chapter 31, allows us to ask for this information. We estimate that you will need an average of 45 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINV.VA.EPA.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

1. NAME (First, middle, last)		2. TELEPHONE NUMBER(S)	
		HOME PHONE NUMBER	CELL PHONE NUMBER
3. IF YOUR ADDRESS HAS CHANGED, GIVE YOUR NEW ADDRESS		4. E-MAIL ADDRESS	
		5. CLAIM NUMBER	6. SOCIAL SECURITY NUMBER
		7A. DID ANYONE ENCOURAGE YOU TO APPLY FOR VOCATIONAL REHABILITATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 7B)</i>	
7B. CHECK ALL THAT APPLY WHO ENCOURAGED YOU		<input type="checkbox"/> VA REPRESENTATIVE <input type="checkbox"/> FAMILY MEMBER <input type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> SERVICE ORGANIZATION <input type="checkbox"/> FRIEND <input type="checkbox"/> TRAINING FACILITY <input type="checkbox"/> STATE VOCATIONAL REHABILITATION	
8. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU?			
9. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN?			
10A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 10B and 10C)</i>		10B. CHECK ALL THAT APPLY IN WHICH YOU HAVE PARTICIPATED	
		<input type="checkbox"/> WORKER'S COMP <input type="checkbox"/> PRIVATE <input type="checkbox"/> STATE VOCATIONAL REHABILITATION <input type="checkbox"/> OTHER (Please explain) <input type="checkbox"/> VA VOCATIONAL REHABILITATION	
10C. LIST ANY TYPE OF SERVICES YOU WERE PROVIDED (i.e., training, medical, vocational testing, functional capacities, job search activities)			

EMPLOYMENT

Please fill out each area as completely as possible. If you have a resume, please attach it.

11. CIVILIAN EMPLOYMENT HISTORY: Please start with your most current position.

A	JOB TITLE	DATES		AVERAGE MONTHLY SALARY
		FROM	TO	
	COMPANY NAME	STATUS		
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT		<input type="checkbox"/> PART TIME
	<input type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> FULL TIME	
DESCRIBE JOB DUTIES IN DETAIL				
REASON FOR LEAVING				
B	JOB TITLE	DATES		AVERAGE MONTHLY SALARY
		FROM	TO	
	COMPANY NAME	STATUS		
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT		<input type="checkbox"/> PART TIME
	<input type="checkbox"/> PERMANENT POSITION		<input type="checkbox"/> FULL TIME	

11. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)

B	DESCRIBE JOB DUTIES IN DETAIL		
	REASON FOR LEAVING		
C	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	COMPANY NAME	STATUS	
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL		
	REASON FOR LEAVING		
D	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	COMPANY NAME	STATUS	
		<input type="checkbox"/> TEMPORARY ASSIGNMENT OR CONTRACT <input type="checkbox"/> PERMANENT POSITION	<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME
	DESCRIBE JOB DUTIES IN DETAIL		
	REASON FOR LEAVING		

12. MILITARY WORK HISTORY: What did you do in the military? Please fill out the following area as completely as possible. Please start with your last assignment.

A	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	MILITARY BRANCH		RANK
	DESCRIBE JOB DUTIES IN DETAIL		
B	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	MILITARY BRANCH		RANK
	DESCRIBE JOB DUTIES IN DETAIL		
C	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	MILITARY BRANCH		RANK
	DESCRIBE JOB DUTIES IN DETAIL		
D	JOB TITLE	DATES	AVERAGE MONTHLY SALARY
		FROM TO	
	MILITARY BRANCH		RANK
	DESCRIBE JOB DUTIES IN DETAIL		

13. PLEASE EXPLAIN WHAT YOU DID DURING PERIODS OF UNEMPLOYMENT 3 MONTHS OR LONGER

14. WOULD IT BE POSSIBLE FOR YOU TO RETURN TO WORK IN A FORMER OCCUPATION OR FOR A FORMER EMPLOYER?

YES NO

15. WHAT WORK SKILLS DID YOU USE IN YOUR PREVIOUS POSITIONS THAT YOU THINK YOU MAY BE ABLE TO USE IN A NEW JOB?

EDUCATION AND TRAINING

Please fill out the area below regarding your education/training background as completely as possible. Please include vocational, college, on-the-job, and other training NOTE: Please include civilian and military schools/training.

16A. WHAT YEAR DID YOU GRADUATE HIGH SCHOOL?

16B. IF YOU DID NOT FINISH HIGH SCHOOL, DO YOU POSSESS A GED?

YES NO

17A. NAME OF SCHOOL	17B. DATES		17C. MAJOR COURSE OF STUDY	17D. GPA	17E. CREDITS/ CLOCK HOURS
	FROM	TO			

18A. WHAT SUBJECTS DID YOU LIKE?

18B. WHAT SUBJECTS DID YOU DISLIKE?

1	2	3	4	5

19A. DO YOU HAVE ANY CURRENT VOCATIONAL CERTIFICATES AND/OR LICENSES?

YES NO

(If "Yes," complete Items 19B and 19C)

19B. LIST CERTIFICATES/LICENSES
(Apprentice or journeyman card, truck driver, etc.)

19C. DATE EXPIRES

1	2	3

DISABILITIES

List and describe your service-connected disability(ies). Please list the disability(ies) in order of severity.

20A. SERVICE-CONNECTED DISABILITY	20B. RATING (%)	20C. WHAT CAN'T YOU DO NOW BECAUSE OF THE DISABILITY CONDITION?

21A. NON SERVICE-CONNECTED DISABILITY	21B. RATING (%)	21C. WHAT CAN'T YOU DO NOW BECAUSE OF THE DISABILITY CONDITION?

22. HAS YOUR SERVICE-CONNECTED DISABILITY(IES) AFFECTED YOU IN THE FOLLOWING AREAS OF WORK? (Check all that apply)

- JOB PERFORMANCE
 JOB OPPORTUNITIES
 CO-WORKER RELATIONS
 JOB SATISFACTION
 MISSED WORK TIME
 MANAGER RELATIONS

23. HOW DO YOU FEEL ABOUT YOUR DISABILITY AND IT'S LIMITATIONS?

24. DO YOU RECEIVE ANY OR ALL OF THE FOLLOWING? (Check all that apply)

- SOCIAL SECURITY DISABILITY INCOME (SSDI) WORKERS COMPENSATION BENEFITS WELFARE ASSISTANCE
 PENSION BENEFITS FOOD STAMPS

25. DO YOU HAVE A CLAIM PENDING FOR DISABILITY BENEFITS AND/OR OTHER BENEFITS, WITH ANY OF THE AGENCIES LISTED IN ITEM 24?

- YES NO

26. ARE ANY OF YOUR DISABILITIES IMPROVING?

- YES NO

27. ARE YOUR DISABILITIES STABLE?

- YES NO

28. ARE ANY OF YOUR DISABILITIES WORSENING?

- YES NO

29. PLEASE EXPLAIN THE DIFFICULTIES YOU ARE EXPERIENCING NOW WITH ANY OF YOUR DISABILITIES

MEDICAL TREATMENT

Please describe medical treatment you have received or are receiving.

30A. CONDITION	30B. NAME OF VA OR PRIVATE MEDICAL FACILITY	30C. HOW OFTEN SEEN FOR TREATMENT	30D. MEDICATION(S) PRESCRIBED

31A. DO YOU HAVE MEDICAL NEEDS THAT ARE NOT BEING MET?

- YES NO

(If "Yes," complete Item 31B)

31B. WHAT DO YOU NEED?

32A. DO YOU USE ANY ADAPTIVE EQUIPMENT SUCH AS BRACES, ARTIFICIAL LIMBS, HEARING AIDS, ETC?

- YES NO

(If "Yes," complete Item 32B)

32B. PLEASE DESCRIBE YOUR ADAPTIVE EQUIPMENT.

33A. ARE THERE OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP (e.g., childcare, financial difficulties, etc.)?

- YES NO

(If "Yes," complete Item 33B)

33B. PLEASE LIST OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP.

34. DID ANYONE HELP YOU COMPLETE THIS FORM?

- YES NO

35. DO YOU NEED INFORMATION ABOUT OTHER VA BENEFITS OR PROGRAMS?

- YES NO

36A. SIGNATURE OF VETERAN

36B. DATE COMPLETED

37A. SIGNATURE OF CASE MANAGER

37B. DATE REVIEWED WITH VETERAN

PROTECTION OF PRIVACY INFORMATION STATEMENT

(For use by counselees and rehabilitation program participants)

I have been informed and understand that the information requested in this and any later interviews is requested under the authorization of Section 210(c)(1) of title 38, United States Code, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of education benefits or rehabilitation services, to develop a record of my educational or vocational progress, and to assure I obtain the best results from my education or rehabilitation program. I understand that the information I provide will not be used for any other purpose and that my responses may be disclosed outside the VA only if the disclosure is authorized under the Privacy Act, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, Vocational Rehabilitation and Employment Records - published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for education or vocational rehabilitation benefits under title 38, United States Code.

My giving the requested information is voluntary. I understand that the following results might occur if I do not give this information:

- (1) I may not receive the maximum benefit either from counseling or from my education or rehabilitation program.
- (2) If certain information is required before I may enter a VA program, my failure to give the information may result in my not receiving the education or rehabilitation benefit for which I have applied.
- (3) If I am in a program in which information on my progress is required, my failure to give this information may result in my not receiving further benefits or services.

My failure to give this information will not have a negative effect on any other benefit to which I may be entitled.

I HEREBY CERTIFY THAT the information I have given above is true and correct to the best of my knowledge and belief.

SIGNATURE OF VETERAN

DATE SIGNED