



## 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, and 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 <http://www.reginfo.gov/public/do/PRAMain>. 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	WORK PHONE NUMBER
3. CURRENT ADDRESS				
		4a. E-MAIL ADDRESS 1		4b. E-MAIL ADDRESS 2
5. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. MARITAL STATUS	7. CLAIM NUMBER	8. SOCIAL SECURITY NUMBER	
9. CLAIMING DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO # _____		10. NICKNAME/AKA		
		11. EMERGENCY CONTACT INFORMATION		
		CONTACT NAME		
		CONTACT PHONE NUMBER	CONTACT RELATIONSHIP	

12. HOW DO YOU EXPECT THIS PROGRAM TO HELP YOU?

13. WHAT ARE THE JOBS OR CAREER FIELDS YOU ARE MOST INTERESTED IN?

14. HAVE YOU EVER PARTICIPATED IN OR ARE CURRENTLY PARTICIPATING IN A VA EDUCATION BENEFIT PROGRAM?  
 YES  NO

14A. HAVE YOU EVER PARTICIPATED IN A PROGRAM OF VOCATIONAL REHABILITATION BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 14B and 14C)</i>	14B. 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 _____
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14C. 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.

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

<b>A</b>	JOB TITLE	DATES		AVERAGE GROSS 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>B</b>	JOB TITLE	DATES		AVERAGE GROSS 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	

**15. CIVILIAN EMPLOYMENT HISTORY (CONTINUED)**

<b>B</b>	DESCRIBE JOB DUTIES IN DETAIL		
	REASON FOR LEAVING		
<b>C</b>	JOB TITLE	DATES	AVERAGE GROSS 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>D</b>	JOB TITLE	DATES	AVERAGE GROSS 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		

**16. 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.

	HIGHEST RANK ACHIEVED:	ARMED SERVICES:	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES	<input type="checkbox"/> COAST GUARD
<b>A</b>	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY				
		FROM                      TO					
	LIST ANY HONORS AND COMMENDATIONS						RANK
	DESCRIBE JOB DUTIES IN DETAIL						
<b>B</b>	HIGHEST RANK ACHIEVED:	ARMED SERVICES:	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES	<input type="checkbox"/> COAST GUARD
	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY				
		FROM                      TO					
	LIST ANY HONORS AND COMMENDATIONS						RANK
<b>C</b>	HIGHEST RANK ACHIEVED:	ARMED SERVICES:	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINES	<input type="checkbox"/> COAST GUARD
	JOB TITLE	DATES	AVERAGE GROSS MONTHLY SALARY				
		FROM                      TO					
	LIST ANY HONORS AND COMMENDATIONS						RANK
	DESCRIBE JOB DUTIES IN DETAIL						

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

YES     NO

**MILITARY WORK HISTORY (CONTINUED)**

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

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

**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.

20. MARK HIGHEST LEVEL COMPLETED:

- SOME HS - HIGHEST GRADE COMPLETED: \_\_\_\_  
  HS - YEAR \_\_\_\_  
  GED - YEAR \_\_\_\_  
  ASSOCIATE  
  BACHELOR  
 MASTER  
  DOCTORAL

21A. NAME OF SCHOOL	21B. DATES (MM/YYYY)		21C. GPA	21D. CREDITS/ CLOCK HOURS	21E. MAJOR COURSE OF STUDY	21F. DEGREE (if any), YEAR RECEIVED
	FROM	TO				

22A. WHAT SUBJECTS DID YOU LIKE?

22B. WHAT SUBJECTS DID YOU DISLIKE?

1	1
2	2
3	3

23A. DO YOU HAVE ANY CURRENT VOCATIONAL CERTIFICATES AND/OR LICENSES?

- YES    NO

(If "Yes," complete Items 23B and 23C)

23B. LIST CERTIFICATES/LICENSES

(Apprentices or journeyman card, truck driver/CDL, etc.)

23C. DATE EXPIRES

1	
2	
3	

24. HAVE YOU BEEN DIAGNOSED WITH A LEARNING DISABILITY? (If "Yes," please describe below):

**DISABILITIES**

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

25A. SERVICE-CONNECTED DISABILITY	25B. RATING (%)	25C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?
26A. NON SERVICE-CONNECTED DISABILITY	26B. RATING (%)	26C. WHAT DIFFICULTIES ARE YOU EXPERIENCING DUE TO YOUR DISABILITIES?

27. 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  
  OTHER (Please explain)  
 JOB SATISFACTION  
  MISSED WORK TIME  
  MANAGER RELATIONS

**DISABILITIES (CONTINUED)**

28. ARE ANY OF YOUR DISABILITIES IMPROVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	29. ARE YOUR DISABILITIES STABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	30. ARE ANY OF YOUR DISABILITIES WORSENING? <input type="checkbox"/> YES <input type="checkbox"/> NO
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31. DO YOU RECEIVE ANY OF THE FOLLOWING? *(Check all that apply)*

<input type="checkbox"/> RETIREMENT <i>(Military/civilian)</i>	<input type="checkbox"/> WORKERS COMPENSATION BENEFITS	<input type="checkbox"/> WELFARE ASSISTANCE
<input type="checkbox"/> DISABILITY PENSION <i>(Military/civilian)</i>	<input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI/SSI)	<input type="checkbox"/> MEDICARE/MEDICAID
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> OTHER _____

32. DO YOU HAVE A CLAIM PENDING FOR ANY OF THE FOLLOWING? *(Check all that apply)*

<input type="checkbox"/> RETIREMENT <i>(Military/civilian)</i>	<input type="checkbox"/> WORKERS COMPENSATION BENEFITS	<input type="checkbox"/> WELFARE ASSISTANCE
<input type="checkbox"/> DISABILITY PENSION <i>(Military/civilian)</i>	<input type="checkbox"/> SOCIAL SECURITY DISABILITY INCOME (SSDI/SSI)	<input type="checkbox"/> MEDICARE/MEDICAID
<input type="checkbox"/> UNEMPLOYMENT	<input type="checkbox"/> ALIMONY/CHILD SUPPORT	<input type="checkbox"/> OTHER _____

**MEDICAL TREATMENT**

Please describe medical treatment you have received or are receiving.

33A. CONDITION	33B. NAME OF VA OR PRIVATE MEDICAL FACILITY	33C. HOW OFTEN SEEN FOR TREATMENT	33D. MEDICATION(S) PRESCRIBED

34A. DO YOU HAVE MEDICAL NEEDS THAT ARE NOT BEING MET? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 34B)</i>	34B. WHAT DO YOU NEED?
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35A. DO YOU USE ANY ADAPTIVE EQUIPMENT SUCH AS BRACES, ARTIFICIAL LIMBS, HEARING AIDS, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 35B)</i>	35B. PLEASE DESCRIBE YOUR ADAPTIVE EQUIPMENT
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36A. ARE THERE OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 36B)</i>	36B. PLEASE LIST OTHER PROBLEMS OR ISSUES WITH WHICH YOU WOULD LIKE HELP
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37. DO YOU HAVE ANY PENDING VA CLAIMS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please describe below)</i>	38. DO YOU NEED INFORMATION ABOUT OTHER VA BENEFITS OR PROGRAMS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," please describe below)</i>
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**MISCELLANEOUS**

The following information will be used for employment planning purposes.

39A. DO YOU: <input type="checkbox"/> RENT <input type="checkbox"/> OWN <input type="checkbox"/> OTHER	39B. DO YOU HAVE STABLE HOUSING AT PRESENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "No," complete Item 39C)</i>	39C. DESCRIBE YOUR CURRENT LIVING SITUATION:
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40A. WHAT MODE OF TRANSPORTATION DO YOU USE? <input type="checkbox"/> PERSONAL <input type="checkbox"/> PUBLIC TRANSPORTATION <input type="checkbox"/> OTHER	40B. HOW FAR ARE YOU WILLING TO COMMUTE FOR WORK AND/OR SCHOOL?	40C. DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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**MISCELLANEOUS (CONTINUED)**

41. ARE YOU WILLING TO RELOCATE FOR A JOB?

YES     NO

42. IF YOU HAVE HAD A HISTORY OF OR ARE CURRENTLY DEALING WITH LEGAL ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

BANKRUPTCY     MISDEMEANOR     FELONY     PROBATION     PAROLE     OTHER     N/A

43. IF YOU HAVE HAD AND/OR PRESENTLY HAVE SUBSTANCE ABUSE ISSUES, PLEASE SELECT AND DESCRIBE BELOW:

ALCOHOL     DRUGS (*Illicit*)     DRUGS (*Prescription*)     OTHER

44. IF YOU HAVE A HISTORY OF OR ARE CURRENTLY IN ON-GOING TREATMENT(S) FOR SUBSTANCE ABUSE(S), PLEASE DESCRIBE BELOW:

45. DID ANYONE HELP YOU COMPLETE THIS FORM?

YES     NO

DATE COMPLETED

**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 Title 38, United States Code, 1.576, Veterans Benefits. This information is needed to assist in vocational and educational planning, to authorize my receipt of rehabilitation services, to develop a record of my vocational progress, and to assure I obtain the best results from my 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 of 1974, including the routine uses identified in VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records-VA, published in the Federal Register. Generally, disclosures under the authority of a routine use will be made to develop my claim for 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

SIGNATURE OF CASE MANAGER OR VOCATIONAL REHABILITATION COUNSELOR (VRC)

DATE SIGNED