

APPLICATION FOR MOAPA VOCATIONAL REHABILITATION SERVICES

1. Name: _____
(First) (MI) (Last) (Maiden)

2. SS# _____ 3. Age: _____ Date of Birth: _____

4. PERSONAL - Circle appropriate item:

Sex: M F **Marital Status:** Married Widowed Divorced Separated Never Married

Tribal Membership: _____

5. Phone: _____ 6. Message/Contact Phone: _____

7. Residence Address: _____

8. Mailing Address: _____

Street or P.O. Box City State Zip

9. Contact Person: _____ Phone: _____

10. Referred by (circle one): Individual (M.D., etc.), or Institution

Name of individual or institution: _____

Address: _____ Phone: _____

11. Have you ever applied for vocational rehabilitation services before? () No () Yes

If yes, where? _____ When? _____ Counselor's Name? _____

Services received: _____

I am requesting services from the Moapa Band of Paiutes Vocational Rehabilitation for the following disability:

I am requesting the following types of services from _____

Signature of Client

Signature of Representative (if applicable)

Date

Date

TRIBAL CERTIFICATION

_____ records indicate that _____

is a member of member of _____ tribe.

A photocopy is filed in the case record

Signature

Date

RESIDENCE CERTIFICATION

In accordance with Section 121(a) the Vocational Rehabilitation Act of 1973, as

amended in 1998, _____ lives on or near the

_____ Reservation. This has been documented by the following

records _____.

Signature

Title

Date

THIS SECTION TO BE COMPLETED BY THE COUNSELOR AT INTAKE

SUPPLEMENTAL APPLICATION INFORMATION

1. HOUSEHOLD INFORMATION:

Number living in the house? _____ How many are dependents? _____

<u>Name</u>	<u>Relationship/Age</u>	<u>Name</u>	<u>Relationship/Age</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. HEALTH INFORMATION:

Do you have health insurance? () No () Yes With a hospital plan? () No () Yes

If you are working, is health insurance available through your job? () No () Yes

Personal doctor and other doctors/hospitals who are familiar with applicant's condition:

<u>Name</u>	<u>Address</u>	<u>Last Seen</u>
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a. _____

b. _____

c. _____

Is disability a result of an industrial injury? () No () Yes

If yes, date of the accident? _____ Employer _____

Currently taking medication? () No () Yes If yes, type? _____

Currently under treatment? () No () Yes If yes, type? _____

Can applicant travel unassisted? _____

Receiving personal care attendant services? () No () Yes If yes, Hrs/day _____

3. EDUCATION:

Highest grade completed: _____ GED? () No () Yes If yes, date received _____

List any other schools attended:

<u>School</u>	<u>Degree/Certificate</u>	<u>Dates Attended</u>

Has the applicant ever been in any job training programs? (check if yes)

- () JTPA () Apprenticeship () JOBS () Job Corps
- () Veteran () Native Reg. Corp. () Military () Vocational School

Employment, training or job perhaps instead of vocational?

4. EMPLOYMENT INFORMATION - Employment status during the past week:

- () Competitive labor market () Not working/student () Sheltered workshop
- () Not working/other () Self employed () Trainee
- () Small business enterprise () Homemaker () Unpaid family worker

If currently employed, weekly earnings? \$ _____ No. of hours worked per week _____

Are you enrolled in any labor unions? () No () Yes

Which union? _____

Employment history (last job first):

Employer _____ From _____ To _____

Address _____ Reason for leaving _____

Job Duties _____

Employer _____ From _____ To _____

Address _____ Reason for leaving _____

Job Duties _____

Employer _____ From _____ To _____

Address _____ Reason for leaving _____

Job Duties _____

(If necessary, use additional pages to provide a complete work history.)

5. LEGAL:

Do you have a valid driver's license? No Yes If Yes, Number _____

Do you have your own transportation? No Yes

Have you ever been convicted for a DWI? No Yes

Have you ever been arrested or convicted? No Yes

If yes, explain:

If yes to either of the above, currently on probation or parole? No Yes

If yes, who is your probation/parole officer at this time? _____

6. VETERAN (Vietnam Era - 8/1/64 - 5/7/75):

If you are a veteran, note branch of service, type of discharge, period served and service number: _____

7. PUBLIC ASSISTANCE (PA)

SOCIAL SECURITY (SSDI)

SSI Aged

Not an applicant

SSI Blind

Applicant - benefits allowed

SSE Disabled

Applicant - benefits denied

AFDC

Application pending

General Assistance

Benefits discontinued

Other Public Assistance

Public Assistance amount: \$ _____

Primary source of support: _____

CERTIFICATION

The applicant has been provided the following information:

- | | |
|---|---|
| <p>1. A general overview of the VR process.</p> <p>2. How one gets in to the VR system.</p> <p>3. The services which are offered by VR.</p> <p>4. The process which a client goes through the VR.</p> | <p>5. The rights of the applicant/client of the VR.</p> <p>6. The responsibilities of an applicant/client of the VR.</p> <p>7. Confidentiality of information.</p> <p>8. How to appeal a decision or action of VR.</p> <p>9. The Client Assistance Program.</p> |
|---|---|

Counselor Signature

Date

The above topics have been explained to me at the time of orientation/intake to Vocational Rehabilitation. I understand the rights and responsibilities I have as an applicant/client of _____.(program name)

Client/Representative Signature

Date