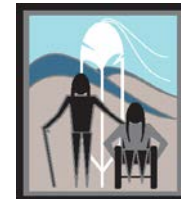




Nez Perce Tribe Vocational Rehabilitation Services

116 Veterans Drive · P.O Box 365 · Lapwai ID 83540 · 208-843-9395 · Fax 208-843-9396
 401 Idaho St · Kamiah ID 83536 · Ph 208-621-4817 · Fax 208-935-0540 · Toll Free 1-866-440-1109

"Focus on individual plan of employment"



APPLICATION FOR SERVICES

1.	Name (Last, First, Initial):		AKA:		
	List your Disability:				
	Mailing Address: _____ _____		Physical Address (Street Address): _____ _____		
	County you reside:		Do you live: On Near (Nez Perce Reservation)		
	Date of Birth:	Social Security Number:	Email Address:		
	Home Phone:	Cell Phone:	Message Phone:	Work Phone:	
2.	How many under your immediate care in the home? _____ Please list household below:				
	Name:		Relationship	Date of Birth	

Housing Type:		Own	Rent Non Tribal Housing	Rent Tribal Housing	Homeless
3.	Tribal Affiliation:		(Proof/copy) Certificate of Indian Blood/Enrollment card # _____		
4.	Last Employer, Supervisor Name, & Phone:		Position/Duties:		
	Reason for leaving:		Start Date:	End Date:	
	Previous Employer, Supervisor Name & Phone:		Position/Duties:		
	Reason for leaving:		Start Date:	End Date:	

5.	Level of Education Completed: GED in progress GED Diploma College		
	Name of last School attended:		Years Completed:
	Type: Diploma Degree Certificate Other		
	Start Date:	End Date:	<input type="checkbox"/> Still attending. Projected day of completion:
6.	Interests/Hobbies:		
7.	Conviction/Arrested Date:	Probation/Parole Date:	DUI's? Yes No How Many?
	Probation/Parole Officer Name:		
8.	Medical: Indian Health Medicare/Medicaid Other: Please list:		
	Provider/Specialist's Name:		
9.	Primary Source of Income: Family General Assistance (GA) SSI SSDI Public Assistance TANF Veteran's Assistance Welfare Other:		
10.	Referral Source:	Services Requested:	
11.	Military Service: Yes No	Branch of Service:	
	Entry:	Date of EAS:	
12.	Do you own reliable transportation? Yes No	Year: _____ Make: _____	
	Public Transportation? Yes No	Do you have a bus pass? Yes No	
	Do you have a valid Driver's License? Yes No	State: _____ DL#: _____	On File Yes No
SIGNATURE OF APPLICANT/VR Staff/VR Director			
	_____ Applicant (<i>Must sign and date</i>)		_____ Date
	_____ VR Specialist		_____ Date
	_____ VR Director		_____ Date
Client TVR#		Reviewed by:	Date: ____/____/____