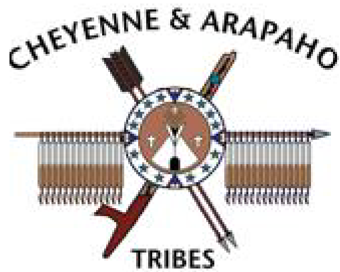
American Indian
Vocational Rehabilitation
PO Box 167
PO Box 38
Concho, OK 73022



Office of the Director
(405) 422-7613
Fax (405) 422-8213

APPLICATION FOR SERVICES

1. I am applying for services from the Cheyenne and Arapaho Rehabilitation Project. I understand that in order to receive Vocational Rehabilitation Services, I must have:

    a. A physical or mental disability which interferes with my finding a job, and
    b. A reasonable chance to be able to work after I receive Vocational Rehab services.

    I understand that in applying for services, I am entitled to an evaluation of my eligibility for services.

2. If I am found eligible, I understand that my counselor will involve me in planning my rehabilitation program and that my program will be reviewed at least once a year. Similar benefits and referral to other agencies will also be used to assist me in meeting my rehabilitation program. I understand that I must keep scheduled appointments.

3. I understand that rehabilitation services are dependent upon the availability of openings at the Cheyenne and Arapaho Rehabilitation Project and upon availability of funds and openings with the state agency for rehabilitation assistance.

4. I am aware that I have the right to appeal decisions made by the rehabilitation project staff by requesting a meeting with the Project Director verbally or in writing within 30 days of the effective days of the effective date of the decision. I also understand that I may continue to appeal any grievance beyond the Project Director level provided that I make this request within 30 days of the Project Director's decision.

5. I understand that all information will be treated in a confidential manner.

THIS FORM HAS BEEN REVIEWED WITH ME AND I HAVE BEEN GIVEN A COPY OF IT.

______________________________ ______________________
Applicant's Signature Date
(Parent or guardian, if applicable)

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Page 2/Client's copy

CLIENT INFORMATION

NAME: ____
(Last) (First) (Middle)

SOCIAL SECURITY NUMBER: ____

TELEPHONE
NUMBER: (_____) _______________ (_____) ____________________
(Home) (Alternate)
Cell# (____) ___________________ E-mail _________________________

DATE OF BIRTH: ____________________ SEX: [ ] MALE [ ] FEMALE

MARITAL STATUS: [ ] Married [ ] Never Married [ ] Widowed [ ] Divorced
[ ] Separated

INDIAN TRIBE: __________________________ CDIB: [ ] YES [ ] NO

TOTAL NUMBER OF FAMILY IN THE HOME: ____________________________

HOME
ADDRESS: ____
(Street, Route or P.O. Box) (City) (State) (Zip)

FINDING
DIRECTIONS: ____

____

COUNTY: _________________________________

GUARDIAN NAME: ____
(If Applicable) (Last) (First) (Middle)

WHAT IS YOUR DISABILITY AND HOW DOES IT LIMIT YOUR ABILITY TO WORK?

____

____

____

____

HAVE YOU BEEN SEEN BY A DOCTOR FOR PROBLEMS RESULTING FROM YOU DISABILITY?

[ ] YES [ ] NO

If yes, please list

(1)____
(Dr. Name and Address) (Dr. Telephone number)

____
(Dates seen by the Dr.) (Reason seen)

(2) ____
(Dr. Name and Address) (Dr. Telephone number)

____
(Dates seen by the Dr.) (Reason seen)

(3) ____
(Dr. Name and Address) (Dr. Telephone number)

____
(Dates seen by the Dr.) (Reason seen)

DO YOU HAVE PRIVATE MEDICAL/HOSPITAL INSURANCE AND/OR MEDICARE AND MEDICAID?

[ ] YES List type, company name, address, and policy/group or case number:
____

[ ] NO List reason: ____

ARE YOU A VETERAN? [ ] YES [ ] NO

If yes, list serial number and dates of service: ________________________________

DO YOU HAVE A SERVICE CONNECTED DISABILITY? [ ] YES [ ] NO

If yes, specify: ____

SSI Status: ____________________ SSDI Status: ____________________

[0=Not and Applicant, 1=Applicant Allowed Benefits, 2=Applicant Denied Benefits, 3=Status of Application Pending, 4=Not Known If Applicant, 5=Benefits Discontinued Prior to Application]

Highest Grade Completed: __________ Special Education Student: _______ Yes _______ No
Work Status: ____________ Hours Worked in Week Prior to Application: ______________
Earnings in Week Prior to Application: $_______________

DO YOU HAVE MEDICAL/HOSPITAL INSURANCE THROUGH YOUR EMPLOYER?
[ ] YES List type, company name, address and policy group number:

____

[ ] NO List reason: ____

WHO REFERRED YOU TO OUR OFFICE? ________________________________

LIST THE MEMBERS OF YOUR IMMEDIATE HOUSEHOLD WITH EMPLOYMENT AND INCOME INFORMATION:

Name	Relationship	Employer	Weekly Hours	Weekly Net Salary
	Self			

LIST ANY OTHER INCOME (SSI, SSDI, Social Security, Pubic Assistance, Worker's Comp, ect.)

Source	Amount	Case Number	Time Received

HAVE YOU EVER APPLIED FOR REHABILITATIVE OR VISUAL SERVICES?

[ ] YES If so, when? ______________________________ [ ] NO

HAVE YOU EVER DEFAULTED ON A STUDENT LOAN? [ ] YES [ ] NO

LIST YOUR EDUCATION HISTORY:

HIGH SCHOOL

____

(NAME OF SCHOOL) (ADDRESS) (CITY/STATE)

____

(GRADES/HRS COMPLETED) (DATES)

COLLEGE

____

(NAME OF UNIVERSITY) (ADDRESS) (CITY/STATE)

____

(GRADES/HRS COMPLETED) (MAJOR) (DATES)

TECHNICAL

____

(NAME OF INSTITUTION) (ADDRESS) (CITY/STATE)

____

(GRADES/HRS COMPLETED) (MAJOR) (DATES)

OTHER

____

(NAME OF INSTITUTION) (ADDRESS) (CITY/STATE)

____

(GRADES/HRS COMPLETED) (MAJOR) (DATES)

LIST YOUR LAST THREE JOBS:

____

(JOB TITLE) (EMPLOYER NAME AND ADDRESS) (WEEKLY SALARY)

____

(DATES EMPLOYED) (REASON FOR LEAVING)

____

(JOB TITLE) (EMPLOYER NAME AND ADDRESS) (WEEKLY SALARY)

____

(DATES OF EMPLOYED) (REASON FOR LEAVING)

____

(JOB TITLE) (EMPLOYER NAME AND ADDRESS) (WEEKLY SALARY)

____

(DATES EMPLOYED) (REASON FOR LEAVING)

LIST THREE PEOPLE WHO WILL ALWAYS KNOW HOW TO LOCATE YOU

(1) Name: _______________________________Relationship ____________________

Address: _______________________________ Telephone ___________________

(2) Name: ________________________________ Relationship___________________

Address: _______________________________ Telephone ___________________

(3) Name: ________________________________ Relationship __________________

Address: _______________________________ Telephone ___________________

Do you participate in Native American Indian Ceremonial Activities? If so, what?

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This is confidential information and no penalty will be inflicted for right or wrong answers.

WHAT SERVICES DO YOU NEED? _______________________________________

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