

Nez Perce Vocational Rehabilitation Services  
POB 365, Lapwai, ID. 83540  
Ph.: 208-843-9395 1-866-440-1109 Fax: 208-843-9396

1. Name and AKA \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

County you Reside \_\_\_\_\_

Do You Live  On  Near Nez Perce Reservation    DOB:

2. List Disability \_\_\_\_\_

3. How many listed under your immediate care in the home \_\_\_\_\_

Please List Household Names/Relationship/DOB

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home \_\_\_\_\_ Cell Phone \_\_\_\_\_

Housing Type  Rental  Own  Tribal

Emergency Contact Person \_\_\_\_\_

4. Tribal Affiliation \_\_\_\_\_

Certificate of Indian Blood or  Enrollment Number \_\_\_\_\_

5. Last Employer Name/ Address \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

6. Level of Education Completed \_\_\_\_\_ Type \_\_\_\_\_

Name of School Last Attended \_\_\_\_\_ Start Date \_\_\_\_\_

End Date \_\_\_\_\_ Years Completed \_\_\_\_\_ Diploma/Certificate Type \_\_\_\_\_

7. Interests/Hobby \_\_\_\_\_

8. Arrested/Convicted Date \_\_\_\_\_ Any DUI's  Yes  No How Many \_\_\_\_\_

On Probation/Parole Date \_\_\_\_\_ Officer's Name \_\_\_\_\_ Ph. no. \_\_\_\_\_

9. Under:  Indian Health  Medicaid/Medical

Under Current Treatment  Yes  No Date Last Seen \_\_\_\_\_

10. Primary Source of Income  Family  Public Assistance  GA

11. Referral Source \_\_\_\_\_ Services Requested \_\_\_\_\_

12. Military Service  Yes  No Branch of Service \_\_\_\_\_ Entry \_\_\_\_\_

Date of EAS \_\_\_\_\_

13. Do you have Reliable Transportation  Yes  No

Public  Yes  No Bus Pass  Yes  No

A Valid Driver's License  Yes  No State ID \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

VR Signature \_\_\_\_\_ Date Signed \_\_\_\_\_