



# Nez Perce Tribe Vocational Rehabilitation Services

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**"Focus on individual plan of employment"**



## APPLICATION FOR SERVICES

1.	<b>Name (Last, First, Initial):</b>		AKA:	
	<b>List your Disability:</b>			
	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
	_____			
	_____			
<b>Housing Type:</b>	<b>Own</b>	<b>Rent Non Tribal Housing</b>	<b>Rent Tribal Housing</b>	<b>Homeless</b>
3.	<b>Tribal Affiliation:</b>		<b>(Proof/copy)</b> Certificate of Indian Blood/Enrollment card # _____	
4.	<b>Last Employer, Supervisor Name, &amp; Phone:</b>		Position/Duties:	
	Reason for leaving:		Start Date:	End Date:
	<b>Previous Employer, Supervisor Name &amp; Phone:</b>		Position/Duties:	
	Reason for leaving:		Start Date:	End Date:

5.	<b>Level of Education Completed:</b> GED in progress    GED    Diploma    College		
	Name of last School attended:		Years Completed:
	<b>Type:</b> 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.	<b>Primary Source of Income:</b> Family    General Assistance (GA)    SSI    SSDI Public Assistance    TANF    Veteran's Assistance    Welfare    Other:		
10.	Referral Source:	Services Requested:	
11.	<b>Military Service:</b> 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	
	<b>Do you have a valid Driver's License?</b> Yes    No	State: _____ DL#: _____	<b>On File</b> Yes    No
<b>SIGNATURE OF APPLICANT/VR Staff/VR Director</b>			
	_____ Applicant ( <i>Must sign and date</i> )		_____ Date
	_____ VR Specialist		_____ Date
	_____ VR Director		_____ Date
Client TVR#		Reviewed by:	Date: ____/____/____