



Nez Perce Tribe Vocational Rehabilitation Services

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 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):			
List your Disability:				
Mailing Address:			Physical Address(Street Address):	
_____			_____	
_____			_____	
County you reside:			Do you live: On Near (within 60 miles) (Nez Perce Reservation)	
Date of Birth:			Social Security Number: XXX-XX-_____	
Marital Status:			Email Address:	
Home Phone:	Cell Phone:	Message Phone:	Work Phone:	
_____	_____	_____	_____	
Have you applied with NPVRS in the past?			If yes When?	
_____			_____	
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	H o m e l e s s
_____	_____	_____	_____	_____
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/Arrest 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: _____ Model: _____	
	Public Transportation? Yes No	Do you have a bus pass? Yes No	
	Do you have a valid Driver's License?	State: _____	On File
	Yes No	DL#: _____	Yes No
SIGNATURE OF APPLICANT/NPVR Staff/NPVR Director			
	_____		_____
	Participant Signature (<i>Must sign and date</i>)		Date
	_____		_____
	NPVRS Counselor/ Specialist Signature		Date
	_____		_____
	VR Director Signature		Date