



Nez Perce Tribe Vocational Rehabilitation Services

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"Focus on individualized plan for employment"



APPLICATION FOR SERVICES

1.	Name (Last, First, Initial):				
List your Disability:					
Mailing Address: _____ _____			Physical Address (Street Address): _____ _____		
County you reside:			Do you live: <input type="checkbox"/> On <input type="checkbox"/> Near (Nez Perce Reservation)		
Date of Birth:			Social Security Number: XXX-XX-_____		
Marital Status:			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.	Emergency Contact (Name & Phone Number):				
5.	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:		

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