



Nez Perce Tribe Vocational Rehabilitation Services

116 Veterans Drive · P.O Box 365 · Lapwai ID 83540 · 208-843-9395 · Fax 208-843-9396
401 Idaho St · Kamiah ID 83536 · Ph 208-621-4817 · Fax 208-935-0540 · Toll Free 1-866-440-1109

“Focus on individualized plan for employment”



Consumer Check off List

Below is a list of the supporting documents you will need to provide for your case file in order to receive NPTVRS Services. Please bring these documents with you when you come to the NPTVRS office or for your first NPTVRS appointment. Providing this documentation will help speed up the application process.

Please know it may take up to sixty-days (60) to receive your medical disability(s). No financial support will be provided until Nez Perce Tribe Vocational Rehabilitation Services receives your medical report.

- Proof of residency in our service area, such as a Utility bill in your name
- A signed letter from the individual you reside with stating you live with them at their physical Address. (If you claim you are homeless)
- Your tribal enrollment card or CIB
- Documentation of any income you are receiving, check stubs or earning statements, TANF, General Assistance, SSDI, SSI, Veterans Benefits, Welfare, etc.
- A copy of your high school diploma, GED and/ or any college degree(s).
- If you are a high school student, a copy of your Individual Education Plan (IEP).
- A copy of Inpatient Treatment completion within the year or prior year
- Must have a working phone number or a good message number to contact you.
- Bring in **YOUR** Proof of ownership for any expected vehicle repairs, vehicle registration, title and proof of vehicle insurance. (Must be signed documents)
- Current list of medications
- If you are seeking Behavioral Health (BH) counseling, please provide documentation you have completed inpatient treatment within the year. Outpatient treatment may be considered, IF you are in compliance with attending your BH sessions.
- The contact name of your medical or mental health providers, past and present
- The contact name of your State Probation Officer
- The contact name of your Federal Parole Officer and your medical report

The Nez Perce Tribe Vocational Rehabilitation Services **DOES NOT** pay for:

- Delinquent traffic tickets and/or fines
- Delinquent student loans
- Delinquent bills and/or debits
- Vehicle repairs when the consumer is not the owner of the vehicle needing repair(s).
- Outstanding phone bills (Landline and or cell)
- Internet hook up or monthly bills
- NPTVRS will not accept a “General Delivery” as your mailing or physical address.

No tribal Vocational Rehabilitation Services will be provided until the NPTVRS program receives your medical/ and or behavioral health report(s) and you have signed your Individual Plan of Employment (IPE).



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APPLICATION FOR SERVICES

1.	Name (Last, First, Initial):			
List your Disability(s):				
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			



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	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 Entry:	Branch of Service: 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: _____ On File DL#: _____ <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
Consumer TVR#	Reviewed by:	Date: _____/_____/_____