

Tohono O'odham Nation
Vocational Rehabilitation Program
P.O. Box 837
Sells, Arizona 85634
P: (520) 383-8796
F: (520) 383-3948

Application for Services

If you need assistance VR Staff will complete this form based on the information you provide.

Applicant Information

Name: _____
First/Middle/Last

Date of Birth: _____
Month/Date/Year

Maiden Name: _____

Social Security No.: _____

Mailing Address: _____

CIB/Enrollment No.: _____

Gender: Female Male

Village/Directions to home: _____

Phone No.: _____
(H)

_____ (W)

_____ (C)

_____ (M)

No. of Dependents: _____

Message Contact: (Name/Relationship)

No. in Household: _____

Marital Status: (circle one)
single married divorced widowed

Emergency Contact: (Name/Relationship)

U.S. Military Veteran? YES NO
Do you have a driver's license? YES NO
Registered to Vote? YES NO

Phone No.: _____

Email Address: _____

Referral Source: _____

Hobbies: _____

OFFICE USE ONLY

Date Submitted: _____

Staff Initials: _____

Disability Information (This section must be completed for your application to be processed.)

* Disability means a physical or mental impairment that substantially limits one or more major life activities.

What is the primary medical condition, injury, physical/mental impairment or disability that limits your ability to work:

When did this impairment/disability begin? (year) _____

In addition, please list any other conditions, impairments or disabilities that limit your ability to work:

When did these impairments/disabilities begin? (year) _____

Insurance Information

Do you have any of the following medical insurance?

- ___ Medicaid (AHCCCS)
- ___ Medicare
- ___ Workers' Compensation
- ___ Private Insurance through Employment

- ___ Private Insurance through other Means

- ___ Other _____
- ___ None

Medical Information

Are you currently taking medication? YES NO

If yes, list medication(s): _____

Are you currently receiving treatment? YES NO

If yes, describe type of care: _____

Name of facility/agency you are receiving care from:

Education

Name of School	City, State	Degree/Certificate	Highest Grade Completed & Year

While in school, did you receive Special Education Services? YES NO

Work Experience (List most recent first. Include summer jobs, volunteer positions, internships, etc.)

Employer/City and State	Job Title	Wage/Salary	hrs/wk.	Start Date	End Date

List duties:

Reason for leaving:

Employer/City and State	Job Title	Wage/Salary	hrs/wk.	Start Date	End Date

List duties:

Reason for leaving:

Employer/City and State	Job Title	Wage/Salary	hrs/wk.	Start Date	End Date

List duties:

Reason for leaving:

Income Information (Eligibility is not determined by income.)

Are you currently receiving any of the following?

List the Monthly Amount:

Personal Income	\$	_____
Spouse's Income or Support from family/friends	\$	_____
Social Security Disability Insurance (SSDI)	\$	_____
Supplemental Security Income (SSI)	\$	_____
General Assistance	\$	_____
Veteran's Benefits	\$	_____
Workman's Compensation	\$	_____
Unemployment Benefits	\$	_____
Temporary Assistance to Needy Families	\$	_____
Any other Public Support	\$	_____
Other _____	\$	_____

Legal Information

Are you currently on probation or parole? YES NO

Name of Probation/Parole Officer: _____

Probation/Parole Officer's Phone No.: _____

Services Requesting

___ Employment Preparation

___ School-to-Work Transition

___ Self Employment Preparation

___ Vocational/Technical Training

___ Career Counseling

___ College

___ Job Search Activities

___ Training Needs

___ Work Experience

___ Workplace Needs

___ GED/Adult Basic Education

___ Other Needs/Supports:

___ Tutoring Services

___ Trade/Professional License/Certificate

Signature

By completing this application for vocational rehabilitation services, I acknowledge that:

- the information provided by me in this application is true and complete to the best of my knowledge.
- I am applying for vocational rehabilitation services for the specific purpose of getting and/or keeping a job.
- I received information on *Consumer Information Handbook, Rights & Responsibilities, and Client Assistance Program*.
- It is my responsibility to report any changes related to this application, such as changes in my contact information, disability, or income.

Applicant Signature

Date

Parent/Guardian Signature

Date

TOHONO O'ODHAM NATION VOCATIONAL REHABILITATION PROGRAM

RIGHTS & RESPONSIBILITIES

Applicant/Client Rights:

1. Individuals may apply and/or re-apply for vocational rehabilitation services.
2. Eligibility determination and services for the program will be made without regard to age, gender, creed, color, financial situation, religious affiliation, or disability.
3. Eligibility will be determined solely on the existence of:
 - Documented physical or mental impairment (disability)
 - Substantial impediment (barrier) to employment
 - Vocational rehabilitation services are required to become employed
 - Ability to benefit in terms of an employment outcome
 - SSI/SSDI recipients who intend to achieve an employment outcome
 - Proof of membership of the Tohono O'odham Nation, other federally-recognized Indian Tribe or an Alaskan Native Corporation.
 - Reside within the boundaries of the Tohono O'odham Nation or near as defined by the Tohono O'odham Nation Vocational Rehabilitation Program.
4. Eligibility determination will be made within sixty (60) days unless the applicant agrees to an extension in writing.
5. Make meaningful and informed choices, during assessments, in the selection of employment outcomes, and in services needed to achieve employment outcomes.
6. Know that all information is maintained confidential.
7. Written permission is required to release any information, except for audits, law enforcement investigations, court subpoena, judicial order or other releases required by law.
8. Consult with the Counselor before the case file is closed for reasons of ineligibility.
9. Know the reason the case is closed.
10. Appeal the Counselor's decisions through an informal review or a formal hearing.
11. Receive information on the Client Assistance Program (CAP).

Applicant/Client Responsibilities:

1. Be an active and full partner in the vocational rehabilitation process.
2. Comply with reasonable requirements and keep appointments.
3. Cooperate and follow through with the Individualized Plan for Employment, AND ACHIEVE EMPLOYMENT.
4. Report any changes that may affect the Individualized Plan for Employment (i.e. contact information, disability, income, etc.).
5. Apply for and utilize comparable benefits when available.
6. Contribute to the Individualized Plan for Employment, if able to financially.
7. Ask questions when information or directions are not clear.

I understand my rights and responsibilities that have been explained to me through this and other appropriate modes of communication.

Applicant Signature

Date

Guardian Signature (if applicable)

Date



Tohono O'odham Nation
Department of Education
VOCATIONAL REHABILITATION PROGRAM
P.O. Box 837 Sells, Arizona 85634
Phone: (520) 383-8796 Fax: (520) 383-3948

Document Checklist

Applicant Name:

Application for Services received on:

As part of the initial process for determining eligibility, applicants are required to provide one item in each of the following categories. Examples of documentation for each area are provided as guidelines only. Please note that certain forms of documentation can be used for more than one category. Your application will be held for 60 days, if you don't have all documentation in we will shred your application and you will have to start a new one.

1. Tribal membership: Tohono O'odham Nation or other federally recognized tribe
- Tribal Identification Card
 - Letter from a state or federally recognized tribe
2. Social Security Number
- Social Security card
 - Social Security award letter or VA award letter
 - Tribal Identification card, if SSN is shown
3. Proof of disability (dated within one year of application date)
- Doctor's statement or medical records/health summary
 - School records (IEP)
 - Psychological assessments
 - Social Security award letter
 - Other

A CHECK MARK BOX HAS BEEN PLACED BESIDE EACH ITEM THAT MUST BE SUBMITTED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED.

TONVR Staff Signature: _____ Date: _____

Process

- Program Receives Application, tribal enrollment verification and a copy
- Initial interview with a VR specialist to Determine Eligibility
- Develop Individualized Plan for Employment
- Provide Vocational Rehabilitation Services
- Job search and with support
- Consumer is Rehabilitated; Case Closed
- Provide Post-Employment Services, If Needed

To apply for services please call, write or visit our office in Sells, Arizona (BIA Compound). Next to Scholarship Office. Pink building with Ramp See front cover for address and telephone numbers



Arizona Center For Disability Law Client Assistance Program (CAP)

CAP offers help to clients and those Applying for services under the Rehabilitation Act of 1973, as Amended.

**100 North Stone Avenue
Suite 305
Tucson, Arizona 85701
Voice: (520) 327-9547
TTY: 1-877-327-7754
Fax: (520) 884-0992**

Website: www.azdisabilitylaw.org
E-mail: center@azdisabilitylaw.org



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Purpose

The purpose of this program is to provide vocational rehabilitation services to individuals with disabilities so that they may prepare for and engage in gainful employment, including self-employment, telecommuting, and business ownership.

Funding Source

Tohono O'odham Nation Vocational Rehabilitation Program is funded through a grant from the U.S. Department of Education Office of Special Education and Rehabilitative Services Administration Vocational Rehabilitation Service Projects For American Indians with Disabilities, and an in-kind contribution from the Tohono O'odham Nation.



Eligibility

Eligibility for VR services is based on the following factors:

- You have a physical or mental impairment or disability
- Your impairment results in a significant barrier to employment for you and you require and can benefit from vocational rehabilitation services and to prepare you to obtain, retain or gain employment.
- Enrolled member of the Tohono O'odham nation living on or near the Nation, or an enrolled member of a federally-recognized tribe living on the Nation.



Services

TONVR offers many services to assist consumers to reach their employment goal: VR services include, but are not limited to:

- Vocational Counseling and Guidance
- Dual Enrollment with State VR
- Career Exploration
- Vocational And Other Training Services
- Diagnosis and Treatment of Physical and Mental Impairments
- Rehabilitation Assistive Technology
- Transition Services for High School Students with Disabilities
- Post-Employment Services

