Tohono O'odham Nation

Department of Education

Vocational Rehabilitation Program

P.O. Box 837 Sells, Arizona 85634
Phone: (520) 383-8796
Email: Vocrehab@tonation-nsn.gov

Document Checklist

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 are provided as guidelines only. Please note that certain forms of documentation can be used for more than one category. Your application will be kept on file for 60 days. If all required documentation is not received within that time, your application will be securely discarded, and you will need to submit a new one. If you need assistance completing the form, the VR staff can assist you with completing the application.

☐ 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 of 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

Vocational Rehabilitation Application

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

Application information

Name: _____
First *Middle* *Last* ***Maiden Last*** *Name*

Date of Birth: _____ Social Security # _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Other: _____

Primary Phone: _____ *Circle one: Home / Work / Cell / Message*

Message Phone: _____ *Name and Relationship of the Message Recipient* _____

Email: _____

Tribal Reference

Lives on or Near the Reservation? Yes ☐ No ☐

Which Tribe are you Registered with? What is your District?
_____ _____
Tribe *District*

CIB/Enrollment Number: _____

Please select your Participant group from the list below: (Choose the option that best describes your current status)

- ☐ New to TON Vocational Rehabilitation
- ☐ Transition Student
- ☐ Transition and Other
- ☐ State and Other
- ☐ Returning to TON Vocational Rehabilitation
- ☐ Transition and State VR
- ☐ State VR
- ☐ Other VR

Are you Related to any of the Voc Rehab Staff? Yes ☐ No ☐ If yes, who? _____

Village/Directions to home: _____

Address Information

Address: _____

Street address *Apt/Unit #*

_____

City *State* *Zip Code*

Is this a mailing address or a home address? Mailing ☐ Home ☐

Medical Information

Are you currently receiving treatment?
If yes, please provide as much information as possible. You may leave any questions blank if you're unsure.

Yes ☐ No ☐

If yes, who is your doctor? _____

What is the name of the facility that you go to? _____

What is their phone # _____

Date Last Seen _____

Reason for Visit _____

Education

High school: _____ City/State _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ☐ No ☐ Degree / Certificate _____

Work Experience

1.Company _____ Supervisor _____

City/State _____ Job Title _____

Start Date: _____ End Date: _____

Hours per Week _____ Wage/Salary _____

Duties: _____

Reason for Leaving _____

Where you a member of a Union? Yes ☐ No ☐

2.Company _____ Supervisor _____

City/State _____ Job Title _____

Start Date: _____ End Date: _____

Hours per Week _____ Wage/Salary _____

Duties: _____

Reason for Leaving _____

Where you a member of a Union? Yes ☐ No ☐

3.Company _____ Supervisor _____

City/State _____ Job Title _____

Start Date: _____ End Date: _____

Hours per Week _____ Wage/Salary _____

Duties: _____

Reason for Leaving _____

Where you a member of a Union? Yes ☐ No ☐

Emergency Contact / Family Information

1. Relationship _____ Family Member Name _____

Contact order ☐ In Case of Emergency ☐ Primary ☐ Secondary

Primary Phone: _____ *Circle one: Home / Work / Cell / Message*

2. Relationship _____ Family Member Name _____

Contact order ☐ In Case of Emergency ☐ Primary ☐ Secondary

Primary Phone: _____ *Circle one: Home / Work / Cell / Message*

Income

Select All that Apply:

- ☐ Family and Friends
- ☐ Personal Income (earnings, interest, dividends, etc.)
- ☐ Public Support (SSI, SSDA, TANF, SNAP, etc.)

Please Complete the following. 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	$
Worker's Compensation	$
Unemployment Benefits	$
Temporary Assistance to Needy Families	$
Any other Public Support	$
Other:	$

Insurance

Do you have the following insurance? Select All that Apply:

☐ Auto ☐ Health ☐ Home ☐ Life

What type of Medical Insurance do you have? Select All that Apply:

- ☐ Medicaid (AHCCCS)
- ☐ Medicare
- ☐ None
- ☐ Private Insurance through Employment
- ☐ Private Insurance through other means
- ☐ Public Insurance from other sources (VA, CHIP, etc.)
- ☐ Other: _____

Name of Insured _____

Insurance Company _____

Legal Information

Have you been arrested? Yes ☐ No ☐

Conviction Date _____

Conviction / Arrest Type

☐ Driving while under the influence ☐ Felony ☐ Misdemeanor ☐ None

Are you currently on probation/parole? Yes ☐ No ☐

End Date _____

Name of Probation/Parole Officer _____

Probation/Parole Officer's Phone Number: _____

Medication Information

Are you currently taking medication? Yes ☐ No ☐

If yes, list medications: _____

Military

Have you registered with the Selective Service (required for most U.S. males ages 18 -25)?

☐ Yes ☐ No ☐ Not Applicable

Are you a U.S. Military Veteran? Yes ☐ No ☐

If yes, what service branch? _____

Comments: _____

Personal Care

Are you able to travel without support?

☐ Yes ☐ No
☐ Sometimes Please explain _____

Do you require assistance with personal care (bathing, dressing, grooming, etc.)?
☐ Yes ☐ No
☐ Sometimes Please explain _____

Comments: _____

Personal Information

Marital Status
☐ Boy Friend ☐ Divorced/Separated ☐ Domestic Partner
☐ Girl Friend ☐ Married ☐ Single ☐ Widow

Number in Household: _____ Number of Dependents _____

Housing Type
☐ Private Residence ☐ Rehabilitation Facility ☐ Halfway House
☐ Homeless/Shelter ☐ Mental Health Facility ☐ Nursing Home
☐ Other ☐ Adult Correctional Facility
☐ Community Residential/Group Home ☐ Substance Abuse Treatment Center

Are you registered to Vote?
☐ Yes
☐ No

What are your interests / Hobbies? _____

Service Requested

Services Requesting (Select all services that you will like assistance with or information about.)

☐ Adult Basic Education
☐ Bachelor Degree
☐ Career Counseling
☐ Class or Training Needs
☐ College
☐ Employment Preparation
☐ Employment Preparation – Self Employment
☐ Non-Transferable Associate Degree
☐ Other Needs/Support (Explain below)
☐ School-to-Work Transition
☐ Trade/Professional Certificate
☐ Trade/Professional License
☐ Transferable Associate Degree
☐ Tutorial Services

- [ ] GED
- [ ] Job Search Activities
- [ ] Vocational/Technical Training
- [ ] Work Experience
- [ ] Workplace Needs

Other/Comment: _____

Referral Source:

- [ ] N/A
- [ ] Educational Instructions (Elementary/Secondary)
- [ ] One-Stop Employment/Training Centers
- [ ] Physician/Other Medical Personnel or Institution (Public/Private)
- [ ] Self-referral
- [ ] Social Security Administration (Disability Determination Service/District Office
- [ ] Welfare Agency (state/local government)
- [ ] Community Rehabilitation Programs
- [ ] Education Instructions (Post secondary)
- [ ] Other sources (Please comment below)

Other/Comment: _____

Transportation

Do you have a Valid Driver's License?

- [ ] Yes
- [ ] No

Transportation Type:

- [ ] eBike/Bike
- [ ] No Transportation
- [ ] Own Vehicle
- [ ] Family Vehicle
- [ ] Other (Explain below)
- [ ] Public Transportation

Other/Comment: _____

Do you have a CDL or other professional License?

- [ ] Yes
- [ ] No

If yes, what type: _____

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:

- ☐ 00 No Impairment
- ☐ 01 Blindness
- ☐ 02 Other Visual
- ☐ 03: **Deaf.** Primary Method of communication: Visual (Sign language/written)
- ☐ 04: **Deaf**. Primary Method of communication: Auditory (Spoken language/hearing aids)
- ☐ 05: **Hearing Loss**. Primary Method of communication: Visual (Sign language/written)
- ☐ 06: **Hearing Loss**. Primary Method of communication: Auditory (Spoken language/hearing aids)
- ☐ 07: **Other Hearing** (Tinnitus, Meniere's, hyperacusis, etc.)
- ☐ 08 **Deaf & Blindness**
- ☐ 09: **Communication Disability** Difficulty with both speaking or signing and understanding communication
- ☐ 10: **Physical Disability that affects mobility** Due to Orthopedic/Neurological (bones, joints, muscles, nervous systems)
- ☐ 11: **Physical Disability that affects** use of **hands/fingers or fine motor skills** Due to Orthopedic/Neurological (bones, joints, muscles, nervous systems)
- ☐ 12: **Physical Disability that affects** BOTH **Mobility and hands/fingers / fine motor skills** Due to Orthopedic/Neurological (bones, joints, muscles, nervous systems)
- ☐ 13: **Physical Disability – Other Orthopedic Condition** (Limited range of motion)
- ☐ 14: **Physical – Respiratory**
- ☐ 15: **Physical: General Debilitation** (fatigue, weakness, pain, etc.)
- ☐ 16: **Physical: Other** (Comment below)
- ☐ 17: **Mental: Cognitive** (Learning, thinking, processing information & Concentration)
- ☐ 18: **Mental: Psychosocial** (interpersonal & behavioral, difficulty coping)
- ☐ 19: **Mental: Other** (Comment below)

Other/Comment: _____

What is the cause of Disability?

- ☐ 00 Cause Unknown
- ☐ 01 Accident/Injury (not TBI or SCI)
- ☐ 02 Alcohol Abuse or Dependence
- ☐ 03 Amputations
- ☐ 04 Anxiety Disorders
- ☐ 05 Arthritis and Rheumatism
- ☐ 06 Asthma and other Allergies
- ☐ 07 Attention-Deficit Hyperactivity (ADHD)
- ☐ 08 Autism
- ☐ 09 Blood Disorders
- ☐ 10 Cancer
- ☐ 11 Cardiac or Circulatory System conditions
- ☐ 12 Cerebral Palsy
- ☐ 13 Congenital Condition or Birth Injury
- ☐ 14 Cystic Fibrosis
- ☐ 15 Depressive and other Mood Disorders
- ☐ 16 Diabetes Mellitus
- ☐ 17 Digestive
- ☐ 18 Drug Abuse or Dependence (other than alcohol)
- ☐ 19 Eating Disorders (anorexia, bulimia or compulsive overeating
- ☐ 20 End-Stage Renal Disease and other Genitourinary System Disorders
- ☐ 21 Epilepsy
- ☐ 22 HIV and AIDS
- ☐ 23 Immune Deficiencies (Not HIV/AIDS)
- ☐ 24 Mental Illness
- ☐ 25 Intellectual Disability
- ☐ 26 Multiple Sclerosis

- [ ] 27 Muscular Dystrophy
- [ ] 28 Parkinson's Disease and other Neurological Disorders
- [ ] 29 Personality Disorders
- [ ] 30 Physical Disorders/Conditions
- [ ] 31 Polio
- [ ] 32 Respiratory Disorders other than Cystic Fibrosis or Asthma
- [ ] 33 Schizophrenia and other Psychotic Disorders
- [ ] 34 Specific Learning Disabilities
- [ ] 35 Spinal Cord Injury (SCI)
- [ ] 36 Stroke
- [ ] 37 Traumatic Brain Injury (TBI)

Other/Comment: _____

Describe anything that limits your ability to work:

Other/Comment: _____

When did this Impairment/disability begin? _____

TOHONO O'ODHAM NATION VOCATIONAL REHABILITATION PROGRAM
Rights & Responsibilities

Consumer Rights
As a participant in the Tohono O'odham Nation Vocational Rehabilitation (TONVR) Program, you have the right to:

1. Apply or reapply for vocational rehabilitation (VR) services at any time.
2. Be treated with respect, honesty, fairness, and courtesy by all program staff.
3. Receive services without discrimination based on age, gender, race, ethnicity, religion, disability, sexual orientation, or financial status.
4. Know the name of your assigned VR Specialist and have reasonable access to staff.
5. Receive timely responses and have commitments honored.
6. Be informed clearly and completely about the application process, eligibility criteria, available services, and program policies.
7. Receive information in a format and communication method that is understandable and accessible to you.
8. Be actively involved in all aspects of your rehabilitation process, including assessments, goal setting, and service planning.
9. Make informed choices about your employment goals and the services you receive to achieve them.
10. Explore work options and adjust to your disability before finalizing vocational goals.
11. Receive services and decisions in a timely and respectful manner.
12. Understand the process for resolving service issues and receive support if needed.
13. Have your personal information kept confidential, with written permission required for release—except in cases of audits, legal requirements, or safety concerns.
14. Request a review or appeal of any decision made by your VR Specialist through informal or formal processes.
15. Receive information about the Client Assistance Program (CAP), which can help you understand and protect your rights.

Consumer Responsibilities:
As a participant in the TONVR Program, you are expected to:

1. Be an active and full partner in your vocational rehabilitation journey.
2. Provide honest, complete, and accurate information throughout the process.
3. Respond to communication from TONVR staff in a timely manner.
4. Notify your VR Specialist of any changes that may affect your Individualized Plan for Employment (IPE), such as contact information, disability status, or income.
5. Participate fully in your rehabilitation process, including assessments, planning, and services.
6. Follow through on commitments and agreed-upon goals in your IPE.
7. Treat job preparation and job search as a full-time effort, when appropriate.
8. Maintain a respectful and cooperative relationship with TONVR staff.
9. Follow program rules and procedures to ensure successful participation.
10. Resolve issues openly and honestly, using the established resolution process.
11. Uphold the Code of Conduct, including mutual respect, honesty, fairness, and courtesy.

Acknowledgment
I understand my rights and responsibilities as a participant in the Tohono O'odham Nation Vocational Rehabilitation Program. These have been explained to me through this document and other appropriate communication methods.

Signature: _____ Date: _____

Guardian Signature (If applicable) _____ Date: _____

Relationship to applicant _____