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

REFERRAL FORM

General Contact Information

First name: _____ Last name: _____

Date of birth: _____ Gender: _____

Address or Directions or
home/village:
_____
_____

Phone number: _____

Race/Ethnicity

☐ American Indian or Alaska Native If checked, tribal affiliation _____
☐ White ☐ Black or African American ☐ Asian
☐ Native Hawaiian or Pacific Islander ☐ Hispanic or Latino

How do you get around (please check all that apply)

☐ Alone ☐ With a Cane ☐ With a Sighted Guide ☐ With a Guide Dog
☐ On Public Transportation
☐ With a Wheelchair
☐ With Assistive Devices
☐ Use Personal Transportation
☐ Other: _____

Primary Language

Primary language: _____

Other languages or modes of communication: _____

Additional Contact Person

Relationship to you: _____

First name: _____ Last name: _____

Phone number: _____

Do you receive Social Security Benefits for your disability? ☐ Yes ☐ No

If yes, check which benefit(s) you receive: ☐ SSI ☐ SSDI

Do you have a DDD caseworker? (DDD = Developmental Disability Department) ☐ Yes ☐ No

Do you receive services from a behavioral health clinic? ☐ Yes ☐ No

Are you a U.S. veteran? ☐ Yes ☐ No

Do you need accommodations for your first appointment?

- ☐ Interpreter Services
- ☐ ASL (American Sign Language)
- ☐ CART (transcription of spoken language displayed as text on a screen)
- ☐ Large Print documents
- ☐ Braille documents
- ☐ Transportation assistance
- ☐ Other or None: _____

What is/are your disability(ies)? Please check all that apply.

- ☐ Behavioral Health
- ☐ Physical
- ☐ Blind or Visually Impaired
- ☐ Deaf or Hard of Hearing
- ☐ Developmental Delay
- ☐ Cognitive Delay
- ☐ Other (please describe): _____

What are you hoping Tribal Vocational Rehabilitation Services can help you with?

_____

_____

_____

_____

Are you a family member or close friend of a Voc Rehab employee? ☐ Yes ☐ No

Name of Referral Source:

Self-referred: _____

Company/Agency/Institution/Department: _____

Date submitted: _____