

INTAKE INFORMATION

If under 18 years of age OR deemed in need of a guardian...	LEGAL GUARDIAN:				RELATIONSHIP TO MINOR: (indicate with "X")								
	Name:					Parent(s)		Step Parent(s)					
	Phone #:					Grandparent(s)		Other					
If legal guardian is not the parent(s)...	LEGAL DOCUMENTS DESIGNATING MINOR'S CARE (check all that apply)							Is there a copy of legal documents provided?					
		Temporary Custody				Conservatorship (over 18)							
		Durable Legal Custody				Power of Attorney (over 18)							
		Legal Guardianship				Other:							
PERSONAL INFORMATION:													
First Name:			Middle Name:			Last Name:							
Preferred Name:				Previous names used:									
() Check if mailing address is same as home address													
Home Address:			Mailing Address:										
City:			City:										
State:			State:										
Zip Code:			Zip Code:										
County:			County:										
Social Security #:			Copy of Social Security Card on file?			Are you a veteran?							
Date of Birth:		Age:	Gender:		For males age 18 – 26: Copy of Selective Service Registration provided?								
Primary Phone #				Phone calls			Text only	Leave message					
Secondary Phone #:				Phone calls			Text only	Leave message					
Email that is Checked Daily:													
How may we contact you? Can a message be sent through Social Media? Yes or No				Phone Call/Text		Appointment Letter		Home Visit/Message on Door					
CONTACT PERSONS:													
NAME			RELATION		PHONE#		CALL/TEXT/LEAVE MESSAGE	DO YOU CONSENT TO RELEASE INFORMATION TO THIS PERSON?					
Accommodations Needed for Impairment(s) (check all requested)				Preferred Language				Do you prefer to have a Choctaw speaker?					
	Large Print		Braille		Audio CD		Choctaw	English	ASL		Yes		No

ID#/Initials: _____

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Date: _____

Have you been a Vocational Rehabilitation client before?		Yes	No
Who referred you?		Referral Source Phone #:	
What do you know about Vocational Rehabilitation?			
How do you think Vocational Rehabilitation can help you get the job that is right for you?			
What do you need to help you be successful in employment?			
HEALTH AND DISABILITY INFORMATION: Mark all impairments you have now or a history of			
Allergies	Low Back Pain	Spinal Cord Injury	
Amputations	Obesity	Stroke	
Arthritis	Pain Syndrome	Tardive Dyskinesia	
Asthma	Renal Disease	Tourette Syndrome	
Blindness	Respiratory Diseases	Traumatic Brain Injury	
Burn Injuries	Spina Bifida	Bipolar Disorder	
Cancer	Vision Loss	Delusional Disorder	
Cardiovascular Impairments	ADD/ADHD	Depression	
Diabetes	Ataxia	Eating Disorders	
Deaf-Blind	Autism Spectrum Disorders	Personality Disorders	
Deafness	Carpal-Tunnel Syndrome	PTSD	
Fatigue Syndrome	Cerebral Palsy	Schizophrenic Disorders	
Fibromyalgia	Epilepsy	Intellectual Impairments	
Fractures	Learning Disabilities	List other below...	
Hearing Loss	Motor Neuron Diseases		
Hemophilia	Multiple Sclerosis		
H.I.V. (AIDS)	Sleep Disorders		
How have these impairments affected your ability to work or keep a job?			
My impairment(s) makes it hard for me to:			
use hands or feet	stand	drive	learn new things
see	walk	remember	control anger
hear	sit	control emotions	be dependable
read	lift	work with others	handle stress
write	bend	communicate	concentrate
Please list all prescribed medications and reason prescribed: Are you taking these medications as prescribed?			
SUBSTANCE RELATED AND ADDICTIVE DISORDERS			YES
Do you currently use alcohol and/or other drugs? Or used them in the past?			NO
If yes, what substances do/did you use?			
Has using alcohol and/or other drugs affected your health, family, legal status, and employment?			
If yes, how?			
Have you COMPLETELY STOPPED using alcohol and/or drugs?			
Are you in a treatment program for recovery to COMPLETELY STOP USING alcohol/drugs?			
If no, are you willing to start a treatment program to completely stop using alcohol/drugs?			
When did you last use alcohol?			
When did you last use drugs?			
What substances do/did you use most often?			
At what age did you begin using alcohol? Other drugs?			

TRIBAL MEMBERSHIP:

Are you an enrolled Tribal member?	Name of Tribe?	Verification of Enrollment provided?
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RESIDENCY INFORMATION: VERIFICATION OF RESIDENCY PROVIDED? YES NO

Do you live on or near the MBCI reservation?	Directions to your house:
What Tribal community are you registered to vote in?	

What are your living arrangements? Check answer below...

<input type="checkbox"/> parents	<input type="checkbox"/> Family home	<input type="checkbox"/> boyfriend/girlfriend	<input type="checkbox"/> shelter	<input type="checkbox"/> nursing home
<input type="checkbox"/> friends	<input type="checkbox"/> extended family	<input type="checkbox"/> treatment center	<input type="checkbox"/> homeless	<input type="checkbox"/> assisted living home

FAMILY AND HOUSEHOLD INFORMATION:

What is your marital status?

<input type="checkbox"/> never married	<input type="checkbox"/> married	<input type="checkbox"/> divorced	<input type="checkbox"/> separated	<input type="checkbox"/> widowed
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Including yourself, number of people in house **Number of dependents you have:**

Name	Relation	Age	Name	Relation	Age

FINANCIAL INFORMATION:

SSI and SSDI Status: (check status)

<input type="checkbox"/> never applied	<input type="checkbox"/> application denied	<input type="checkbox"/> eligible- waiting to receive benefits
<input type="checkbox"/> applied- waiting on decision	<input type="checkbox"/> in overpayment status	<input type="checkbox"/> benefits discontinued or terminated

What is your primary source of income/financial support? (check all that apply and list monthly amount)

Personal Income	\$	Settlement or Lawsuit	\$
Retirement Benefits	\$	VA Benefits	\$
SSI- Disability	\$	SSI- Retirement	\$
SSDI	\$	Spouse's Earnings	\$
Child Support Payments	\$	Child's Benefits (SSI)	\$
Alimony Payments	\$	TANF	\$
Worker's Compensation	\$	EBT (Food Stamps)	\$
Unemployment Benefits	\$	General Assistance	\$

Medical Insurance Provider: GET CARD COPY FOR CASE FILE

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Insurance through employment	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Self-Pay insurance
<input type="checkbox"/> Medicare	<input type="checkbox"/> Spouse's insurance	<input type="checkbox"/> Other insurance	<input type="checkbox"/> None

EDUCATION INFORMATION:**Are you currently a student in high school? Check answer below...**

No, I am not a student in high school at this time.

Yes, I am in high school, and I have a 504 accommodation plan.

Yes, I am in high school, and I am receiving services through and IEP (Individualized Education Plan).

Yes, I am in high school, but I do not have a 504 plan or an IEP.

Highest Level of Education (Check answer below...)

no formal schooling

Technical Certificate

elementary (grades 1-5)

Career Certificate

middle school (grades 6-8)

Associates Degree

some high school; did not graduate

Bachelor's degree

special education certificate

Master's degree

MS Occupational Diploma

Doctorate Degree

High School Diploma

Specialists Degree

GED

Other

some college; did not graduate

If you earned any certifications or college degrees, please provide the information below...**Type of Certificate or Degree****Program of Study****College/University**

Technical Certificate

Career Certificate

Associates Degree

Bachelor's degree

Master's Degree

Doctorate Degree

Specialists Degree

LEGAL INFORMATION:**Have you ever been convicted of a felony?**

YES NO

Have you ever been convicted of a misdemeanor?

YES NO

Offense

Conviction Date

Sentence

Offense

Conviction Date

Sentence

Are you currently on probation/parole? YES NO**Federal, State, or Tribal?****Name of Probation/
Parole Officer:****Phone number:****Date Probation/Parole Started:****Completion Date:****Fees, fines, and/or restitution owed:****Were any of these offenses related to alcohol/drug use?****YES****NO****List:**

EMPLOYMENT INFORMATION:

I am requesting VR services to...

maintain my current employment

advance in my current employment

obtain more suitable employment for my interests and abilities

help me find the job that is right for me and be able to keep it

return to employment after a recent disability

Are you currently working? YES NO If yes, where?

WORK HISTORY: (start with current job or last job worked)

Employer:	State Date:	End Date:
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Job Title:	Employer Address:
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Hours worked per week:	Wages:	Was specialized training required?	Reason for leaving:
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What problems did you have at this job?

Employer:	State Date:	End Date:
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Job Title:	Employer Address:
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Hours worked per week:	Wages:	Was specialized training required?	Reason for leaving:
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What problems did you have at this job? No

Employer:	State Date:	End Date:
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Job Title:	Employer Address:
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Hours worked per week:	Wages:	Was specialized training required?	Reason for leaving:
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What problems did you have at this job?

Employer:	State Date:	End Date:
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Job Title:	Employer Address:
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Hours worked per week:	Wages:	Was specialized training required?	Reason for leaving:
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What problems did you have at this job?

INTEREST AND SKILLS:

What are your job interests?		Are you trained for these job areas?		Where & when were you trained?	
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	

RESOURCES:

Do you have a driver's license? YES NO If no, have you ever had a driver's license? YES NO	Do you have your own vehicle? YES NO	Auto Liability Insurance? YES NO
Do you have fines related to driving? YES NO If yes, list the amount and where?	What is your main source of transportation?	Do you have reliable childcare if needed?

OTHER SERVICE PROVIDERS:

Mark other service providers you are already using	CONSENT SIGNED?	
Choctaw Health Center	YES	NO
Choctaw Behavioral Health Program	YES	NO
Tribal Court System	YES	NO
Choctaw Social Services Program	YES	NO
Choctaw Social Services Program	YES	NO
Family and Children's Services	YES	NO
Career and Technical Services (formerly Vocational Education)	YES	NO
Vocational and Employment Services (formerly Vocational Education)	YES	NO
Tribal Scholarships	YES	NO
Adult Basic Education	YES	NO
Tribal Schools (including Tribal Exceptional Education)	YES	NO
Tribal Day Training Program	YES	NO
Other Tribal Programs-	YES	NO
Veteran's Administration (VA)	YES	NO
Social Security Administration/ Work Incentives Planning and Assistance (WIPA)	YES	NO
US Probations Office- Federal Probation	YES	NO
Other Federal Agencies-	YES	NO
MS Department of Corrections- State Probation/Parole	YES	NO
MS Department of Rehabilitation Services- Vocational Rehabilitation	YES	NO
MS Department of Rehabilitation Services- Vocational Rehabilitation for the Blind	YES	NO
MS Department of Rehabilitation Services- Office of Special Disability Programs	YES	NO
Other State Agencies-	YES	NO
Other-	YES	NO



APPLICATION SIGNATURE SHEET

In completing this application for the Choctaw Vocational Rehabilitation Services Program, I acknowledge that:

1. I am applying for Vocational Rehabilitation services. My application is for an evaluation to see whether or not I am eligible to receive Vocational Rehabilitation services.

- I have the right to be evaluated within 60 days of the date I sign this application.
- If a decision cannot be made within 60 days, I will be contacted by program staff to discuss an extended eligibility determination period.

2. The Choctaw Vocational Rehabilitation Services Program is an **eligibility program**, not an entitlement program. Only eligible individuals can receive services from the Choctaw Vocational Rehabilitation Services Program. I am eligible to receive services, if I meet the following requirements:

- **Has undergone an assessment for determining eligibility and rehabilitation needs and as a result has been determined to be an individual with a disability; AND**
 - Has a physical or mental impairment which for me results in a substantial impediment to employment;
 - Can benefit in terms of an employment outcome from Vocational Rehabilitation services
- **Requires Vocational Rehabilitation Services to prepare for, secure, retain, advance in, or regain employment that is consistent with my strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice; AND**
- Am a **Tribally-enrolled American Indian who lives on or near the Choctaw Indian Reservation** (within a 50-mile radius of reservation land within the boundaries of the State of Mississippi)
- Am **registered with Selective Service**, if applicable.

3. Vocational Rehabilitation services are based on the **availability of funds**. If the Choctaw Vocational Rehabilitation Services Program has a waiting list due to funding levels, an **Order of Selection** will be developed to be fair about who is served first.

- Priority I- Individuals with the Most Significant Disabilities
 - Transition from School to Work Students
 - Veterans
 - All other Priority I clients by application date
- Priority II- Individuals with Significant Disabilities
 - Transition from School to Work Students
 - Veterans
 - All other Priority II clients by application date
- Priority III- Other Disabilities
 - Transition from School to Work Students
 - Veterans
 - All other Priority III clients by application date

4. If I am determined eligible for Vocational Rehabilitation services, an Individualized Plan for Employment (IPE) will be developed within 90 days. The IPE will be reviewed at least once a year.

ID#/Initials: _____

Application page 1 of 2

Date: _____

APPLICATION SIGNATURE SHEET- page 2

5. The **Appeals Process** has been reviewed with me.

- I have the right to appeal decisions made by the Choctaw Vocational Rehabilitation Program staff
- I have the right to request a meeting, verbally or in writing, with Choctaw Vocational Rehabilitation Program Director within 10 working days of the date of the decision
- I have the right to continue the appeal beyond the Program Director as long as a request is made within 10 working days of the Program Director's decision
- I have the right to choose to have a fair hearing with an impartial hearing officer if I choose to forego the appeals process.

6. I have been given information about the **Client Assistance Program (CAP)**.

7. I understand that all **my information will be protected**. No information will be released without my written consent except in the following cases. In these cases, my consent will **NOT** be needed.

- My report of any intention to harm myself or someone else.
- My report of any knowledge of child abuse, elder abuse, or vulnerable adult abuse in my home or another location.
- My report of any activity which violated the Tribal Criminal Code.
- Choctaw Vocational Rehabilitation Services Program participation in Tribal, State, or Federal audits, evaluations, and research with the final products not revealing any personal identifying information.
- The Choctaw Vocational Rehabilitation Service Program needs to collect personal information under the authority of the Federal Funding Agency.
 - The program uses the information for determination of eligibility; provision of services to eligible applicants; reporting to Tribal, Federal, and other funding sources; and data collection for evaluation and management.
 - Provision of personal information is mandatory for participation in the Choctaw Vocational Rehabilitation Services Program for these reasons.
 - Failure to provide personal information can result in an inability to receive services.
 - Information is routinely released within the Tribal Chain-of-Command in the administration of the Choctaw Vocational Rehabilitation Services Program

THIS FORM HAS BEEN **REVIEWED WITH ME**, IN MY NATIVE LANGUAGE OR IN A WAY THAT I UNDERSTAND. I HAVE BEEN GIVEN A COPY OF IT.

Applicant's Signature

Date

Parent/Guardian's Signature, if applicable

Date

Original: Applicant Case File

Copy: Applicant