

IV. WORK/VOCATONAL HISTORY & EXPERIENCES:

Date of Empl Name of Employer Occupation Reason for leaving

Military Service: Yes No

Branch:

Dates:

Service Number:

Type of Discharge:

Current Work Status:

Full Time Part Time Self Employed Not Employed

V. INCOME INFORMATION:

	<input type="checkbox"/>	Amount Receiving	Applied	Denied	Terminated
• Social Security Disability Benefits	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Supplemental Security Income	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• General Assistance	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Temporary Assistance to Needy Families	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Veteran's Benefits	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Worker's Compensation	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Unemployment Benefits	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I wish to apply for vocational rehabilitation. I understand the explanation of services, Client Assistance Program (CAP), client rights, informed choice, and that the ALL TRIBE Tribal VR Project will maintain CONFIDENTIALITY of all pertinent information obtained during the vocational rehabilitation eligibility procedures. I agree to the use of such information only for purposes directly connected with the administration of the VR project.

Participant Signature or Thumbprint

Date of Application

Participant's Representative

Date

Vocational Rehabilitation Counselor

Date