



# Southern Ute Indian Tribe Vocational Rehabilitation Program

P.O.Box 737, Ignacio, CO 81137

Ph: (970) 563-0100

## APPLICATION FOR VOCATIONAL REHABILITATION SERVICES

### Contact Information:

Name: \_\_\_\_\_

Last

First

Other Name(s) Used: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person Address: \_\_\_\_\_

### Personal Information:

SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Birthdate: \_\_\_\_\_ Age \_\_\_\_\_ Gender: ☐ Male ☐ Female

Marital Status: ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Never Married

Alaskan Native ☐ Native American ☐

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

Driver's License/State ID #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

I was referred by: \_\_\_\_\_

Were you ever involved with the legal system (court, jail, detention, probation, etc.)? ☐ Yes ☐ No

Explain: \_\_\_\_\_

**Educational Information:**Highest grade completed: \_\_\_\_\_ G.E.D. ? ☐ Yes ☐ No If Yes, date achieved: \_\_\_\_\_

Educational Background: (List the school/trainings you have attended)

School	Course/Major	Diploma/Certificate Rcvd?	Month/Year Completed

**Military Service Information:**Veteran: ☐ Yes ☐ No Military Branch: \_\_\_\_\_ Dates of Service: \_\_\_\_\_Rank: \_\_\_\_\_ Discharge: Honorable ☐ Dishonorable ☐**Health Information:**Did you ever receive treatment for substance abuse or mental issues?: ☐ Yes ☐ No

If yes, when and where \_\_\_\_\_

Describe your disability(ies) and when it (they) began: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe how you believe your disability (ies) limit(s) your employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you using any kind of brace or medical devise? If yes, what is it? \_\_\_\_\_

Is your disability the result of a work related accident? ☐ Yes ☐ No If yes, date of accident and employer: \_\_\_\_\_

\_\_\_\_\_

List Medications you take: \_\_\_\_\_

Name: \_\_\_\_\_

What kind of Health Insurance do you have? Please list any/all: \_\_\_\_\_  
\_\_\_\_\_

Are you currently working with other agencies? ☐ Yes ☐ No If yes, list: \_\_\_\_\_  
\_\_\_\_\_

### Household Information:

Number of people living in your house: \_\_\_\_\_ How many are dependents? \_\_\_\_\_

#### MEMBERS OF YOUR HOUSEHOLD

Name(s)	Age	Relationship

### Employment Information:

Employment status during the past week:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Competitive labor market  | <input type="checkbox"/> Not working/student | <input type="checkbox"/> Sheltered Workshop   |
| <input type="checkbox"/> Not working/other         | <input type="checkbox"/> Self employed       | <input type="checkbox"/> Trainee              |
| <input type="checkbox"/> Small business enterprise | <input type="checkbox"/> Homemaker           | <input type="checkbox"/> Unpaid family worker |

If you are currently employed, weekly earnings \$\_\_\_\_\_ Number of hours per week \_\_\_\_\_

Did you ever work with our program before? ☐ Yes ☐ No

What assistance are you asking from the SUITVRP (work related)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:** Begin with your most recent job and include the job you had for the longest period of time. If you have a resume, please bring it in to include in your file.

Job Title:	Dates of Employment:	Salary:
Employer:	Address:	
Duties:		
Reason for Leaving:		
Does your disability keep you from returning to this type of job?		

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Employer:	Address:	
Duties:		
Reason for Leaving:		
Does your disability keep you from returning to this type of job?		

If you cannot list all of your jobs, how many jobs have you had since you started working?  
 What types of jobs have you had?

**Name:** \_\_\_\_\_

**RELEASE OF VERIFICATION:**

By signing this application, I am requesting services from the Southern Ute Indian Tribe Vocational Rehabilitation Program. I further certify that the information provided herein is correct. I understand that the SUITVRP may use my name and Social Security number to verify with the Social Security Administration the status of any Social Security benefits I may be receiving.

**RESIDENCE CERTIFICATION:**

In accordance with Section 121 (A) of the Vocational Rehabilitation Act of 1973 (amended 1998), I affirm that I live on or near the Southern Ute Indian Reservation, located in Colorado. I have submitted the appropriate documentation verifying my residency on or near the Southern Ute Indian Reservation.

**CONFIDENTIALITY STATEMENT:**

By signing this application, I understand that all submitted information will be held in confidentiality. Only pertinent information necessary in making a determination of my eligibility will be released on a need-to-know basis to other agencies. I have been informed of the process to file a complaint should I believe such confidentiality has been breached.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Representative (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vocational Rehabilitation Representative

\_\_\_\_\_  
Date