Southern Ute Indian Tribe
Vocational Rehabilitation Program
P.O. Box 737 #76, 116 Capote Dr.
Ignacio, CO 81137
Phone: 970-563-4730, Fax: 970-563-4840

Application

Name: _____
First M.I. Last Maiden

Mailing Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone/ Home: _____ Cell: _____

Email: _____

Contact Name: _____ Telephone: _____

Tribe Affiliation: _____ Enrollment _____

SSN: (last 4 digit) _____ Birthdate: _____ Age: _____

Gender: Male: ☐ Female: ☐ Prefer to Self-Describe: _____ Prefer to Not to Answer: ☐

If currently employed, list Employer: _____

Position: _____ Phone: _____

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I am applying for Southern Ute Tribal Vocational Rehabilitation services that are designed to help me prepare for, secure, retain, or regain gainful employment that is consistent with my unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice.

I will be available to fully participate with the SUITVR staff to obtain all necessary information to determine if I am eligible for the program. This may include assessments for my related medical, psychiatric, psychological conditions, and other pertinent vocational, educational, cultural, social, and environmental factors, that affect my employment and rehabilitation needs.

If I am determined eligible, I am given the right to fully participate in the TVR process through exercising informed choices. I intend to pursue a SUITVR plan that is designed to assist me achieve a suitable employment outcome.

I was given information regarding my rights and responsibilities. I understand that if I am dissatisfied with a decision made by the TVR Vocational Rehabilitation Program, I have the right to request an administrative review or seek assistance from the Client Assistant Program (CAP).

Signature of Applicant: _____ **Date of Application:** _____

Vocational Rehabilitation Representative: _____ **Date:** _____

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