



How to apply -

Applying for SPTVR services requires a series of steps:

1. An individual provides information to VR staff during an intake interview. Information requested by SPTVR is necessary to begin the eligibility assessment process.

AND

2. An individual agrees that he or she is available to complete the assessment process required to determine eligibility for Vocational Rehabilitation services.

AND

3. At the intake interview, the individual provides a signed and dated application signature sheet to SPTVR or makes an alternative request for application to SPTVR.

The application process is complete when all steps have occurred.

It is helpful to complete the attached intake form and provide it to Voc Rehab at your first appointment. However, you are not required to complete an intake form to schedule an appointment or meet with a VR counselor.

Contact your local VR office if you have additional questions about eligibility requirements, the application process, or would like to apply for services.

We look forward to working with you!

Shoshone Paiute Tribes Vocational Rehabilitation



VOCATIONAL REHABILITATION Intake Form

(All information is important-please complete all fields)

I am a previous VR Customer: Yes No

If Yes, Where? _____

MY PERSONAL INFORMATION:

SS#: _____ - _____ - _____

Last Name: _____ First Name: _____

Middle: _____ Preferred Name: _____

Gender: Male Female Birth Date: ____/____/____

Previous Last Name: _____

MY ADDRESS:

Street Address:

City: _____ State: _____ Zip: _____

County: _____

Check if mailing address is the same as home address

Home Address:

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: (____)-____-____ Voice VP Fax

Second Phone: (____)-____-____ Voice VP Fax

E-mail: _____

RACE (may check more than one):

- American Indian or Alaska Native (tribal affiliation): _____
- Asian
- Black/African-American
- Hispanic or Latino (must also select a race or races
- Native Hawaiian or other Pacific Islander
- Not Hispanic or Latino (must also select a race or races
- White

Are you legally able to work in the United States? Yes No

Do you have a driver's license? Yes No

Do you drive/mode of transportation? _____

OTHER:

Do you require communication assistance? Yes No

Explain:

Other needs request

Are you your own legal guardian? Yes No

Legal guardian's name: _____

Guardian's phone: _____ - _____ - _____ Voice VP Fax

CONTACTS: (Examples: Family, Friends, PO, Case Worker Etc.)

	Name	Relationship	Phone	Ext.#	Voice/VP/ Fax
1.			(____)-____-____		
2.			(____)-____-____		
3.			(____)-____-____		

What are your current living arrangements?

- Private Residence (home, apt, live w/family)
- Adult Correction Facility
- Community Residential/group home
- Halfway House
- Homeless/Shelter
- Mental Health Facility
- Nursing Home
- Other
- Rehabilitation Facility
- Substance Abuse Treatment Center

Marital Status: Married Never Married Divorced Separated Widowed

- American Indian VR Services Program
- Child Protective Services
- Consumer Organizations or Advocacy Groups
- Educational Institutions (post-secondary)
- Employment Networks (not otherwise listed)
- Intellectual and Developmental Disabilities Agencies
- Mental Health Provider (public or private)
- One-Stop Agency
- Other State Agency
- Public Housing Authority
- State Department of Correction/Juvenile Justice
- Veterans Administration
- Workers Compensation
- Center for Independent Living
- Community Rehabilitation Program
- Educational Institutions (elementary/secondary)
- Employer
- Federal Student Aid (Pell grant, SEOG, work study, etc.)
- Medical Health Provider (public or private)
- No Service or Funding Provided
- Other Sources
- Other VR State Agency
- SSA (Disability Determination Service or district office)
- State Employment Service Agency
- Welfare Agency (state or local government)

Who referred you to VR?:

FINANCIAL:

Including yourself, number in household: _____ Number of Dependents: _____

Primary source of income/financial support:

- Personal Income (Employment earnings, interest, dividends, rent, retirement, and/or Social Security retirement benefits)
- Family and friends
- Public Support (SSI, SSDI, TANF, etc.)
- All other SOURCES(e.g. private disability insurance, private charities, child support etc.)

SSDI Status: allowed denied pending not an applicant

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SSI Aged: \$ _____
SSI Disabled: _____
SSDI: \$ _____

VA: \$ _____
TANF: \$ _____

Workers Comp: \$ _____
Other Public Support: \$ _____

Veteran: Yes No

I have one or more of the following medical insurances:

- Not yet eligible for private insurance through a current employer, but will be eligible for private insurance after a certain period of employment
- Medicaid
- Medicare
- None
- Private insurance through other means
- Private insurance through own employer
- Public insurance from other sources

LEVEL OF EDUCATION AT REFERRAL

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Elementary Education (grades 1-8) | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Secondary Education, no high school diploma
(grades 9-12) | <input type="checkbox"/> Any degree above a Master's e.g. Ph.D.,
Ed.D., J.D |
| <input type="checkbox"/> Attending special education program | <input type="checkbox"/> Vocational/Technical certificate |
| <input type="checkbox"/> High school diploma or equivalency certificate (GED) | <input type="checkbox"/> Occupational credential beyond undergraduate degree work (LSW, CPA) |
| <input type="checkbox"/> Post-secondary education, no degree or certificate | <input type="checkbox"/> Occupational credential beyond graduate degree work (CRC, LPC, LCASW) |
| <input type="checkbox"/> Associate's degree | |

Graduation date for highest level of education _____

If attending high school, the name of the school is:

What year did you start high school: _____

- I am a student with a disability in high school: Yes No
I have a current 504 Accommodation Plan: Yes No
I have a current IEP: Yes No

EMPLOYMENT:

Last Year Employed: _____

Employment Status at referral:

State agency-managed Business Enterprise Program (BEP)

Employment with supports in an integrated setting

Employment without supports in an integrated setting

Extended Employment

Homemaker

Not working: All other students

Not working: Other

Not working: Student in secondary education

Not working: Trainee, Intern or Volunteer

Self-Employment (Except BEP)

Unpaid Family Worker

If you are working, average hours worked per week: _____

Salary: _____ Hourly Monthly Annually

My Work History:

(Starting with most recent and include applicable volunteer work)

#1 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? Yes No

If not, why:

Could someone at this employment give you a reference? Yes No

Who?

#2 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? Yes No

If not, why:

Could someone at this employment give you a reference? Yes No

Who? _____

#3 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? Yes No

If not, why:

Could someone at this employment give you a reference? Yes No

Who?

#4 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? Yes No

If not, why:

Could someone at this employment give you a reference? Yes No

Who?

#5 Employer: _____

Job Title: _____

Job Duties:

Weekly hours worked: _____ Hourly wage: _____ Start date: _____ End date: _____

Reason for leaving:

How did you get this job:

What duties did you do that were difficult to perform:

Was a special license required (CNA, CDL, etc.):

Can you return to this job? Yes No

If not, why:

Could someone at this employment give you a reference? Yes No

Who?

Have you been convicted of a felony: Yes No

Offense(s):

Date of Conviction(s):

State Where Conviction(s): Occurred:

Probation/Parole officer is:

IDOC # _____

Date Probation Started: _____

Completion Date _____

Restitution owed _____

DISABILITIES:

Please describe your disabilities and functional limitations:

(Physical, Injuries, Mental Health, Depression, Substance Abuse (drug and/or alcohol), Learning Disability, etc.)

My disability makes it difficult to?

(Describe how it affects you in the space provided)

Stand Walk Sit Lift Bend Use hands or feet

Explain:

See Hear Read Write

Explain:

Concentrate Remember Learn Understand

Explain:

Handle stress Control emotions Work with others Communicate

Explain:

Other:

Explain:

How do your disabilities affect your current ability to work or keep a job?

How do you think Vocational Rehabilitation can help you get a job and keep one? What are your employment needs?

*******Agency Use Only*******

Next step in establishing eligibility:

Counselor additional information or comments:
