

RED LAKE BAND OF CHIPPEWA INDIANS
RED LAKE VOCATIONAL REHABILITATION

Phone: 218-679-2152

Fax: 218-679-2175

APPLICATION FOR VOCATIONAL REHABILITATION SERVICES

Name _____
Last First M.I. Maiden

Soc. Sec. Number _____ Age _____ Date of Birth _____

Sex Male Female

Marital Status: Never Married Married Separated Divorced Widowed

Tribal Affiliation _____ Enrollment Number _____
(Photocopy verification for the case file)

Reservation _____
 Reside on Reservation

Phone _____ Message/Contact Phone _____

Address: _____

Mailing Address: _____

(City) (State) (Zip Code)

Referred by: _____
(Name of Individual or Agency)

(Address)

(City) (State) (Zip Code) Phone Number

Have you ever applied for vocational rehabilitation before? yes no

If yes, where _____

When _____ Counselor's Name _____

I am requesting the following types of services from Red Lake Vocational Rehabilitation Services

- Counseling and Guidance
- Medical Services
- Vocational Training
- On-the-job Training
- Resume preparation
- Job Development and Placement
- Transportation Assistance
- Services for Family Members
- Assistance with maintenance costs
- Self-employment
- Reader, Interpreter, Tutorial and Note-taker Services
- Traditional Healing
- Other: _____
(please specify)

Interests/Hobbies (check all that apply)

- Sports
- Native American Dancing
- Reading
- Other: _____
- Native American Arts
- Gardening
- Traveling

(please specify)

Household Information

Number living in the house? _____ How many are your dependents? _____

Name/Relationship/age

Name/Relationship/age

Health Information

Do you have health insurance? yes no

Do you have Medical Assistance? yes no

Tribal Indian Health coverage? yes no

Other Health coverage? yes no

If you are working, is health insurance available through your job?

yes no

Is disability a result of an industrial injury? yes no

Can you travel unassisted? yes no

Are you receiving personal care attendant services? yes no

Education

Were you in Special Education classes Yes No

If yes, name of school _____

Highest grade completed _____

Have you received a GED Yes No

If yes, date received _____

Have you received your High School Diploma?

If yes, date and name of school _____

List other schools/educational facilities you have attended

School	Dates attended	Degree/Certificate

Have you ever been in any job training programs? (Check if yes)

- Apprenticeship
- Adult School
- New Beginnings
- Dept of Rehab
- Vocational School
- Veteran
- Military
- Job Corps

Other: _____

Employment Information - Employment status during the past month

- Full time employment Part time employment Unemployment
- Small business enterprise Student Self employment
- Homemaker Sheltered workshop Trainee
- Unpaid family worker Other: _____ (list)

If currently employed, weekly earnings? \$ _____

Hours worked per week: _____

Employment History (most recent first)

Employer _____ From _____ to _____

Address _____ Phone _____

Reason for leaving _____

Duties _____

Employment History

Employer _____ From _____ to _____

Address _____ Phone _____

Reason for leaving _____

Duties _____

Employment History

Employer _____ From _____ to _____

Address _____ Phone _____

Reason for leaving _____

Duties _____

Employment History

Employer _____ From _____ to _____

Address _____ Phone _____

Reason for leaving _____

Duties _____

Budget Worksheet - The following information will help us understand your financial needs/abilities.

Please provide accurate information about your current income and expenses.

Total income/resources:		Total Expenses	
Salary, wages, earnings	\$ _____	Rent/Mortgage	\$ _____
Unemployment Insurance	\$ _____	Food	\$ _____
AFDC	\$ _____	Utilities	\$ _____
Food Stamps	\$ _____	Clothing	\$ _____
Social Security	\$ _____	Gas	\$ _____
Public Assistance	\$ _____	Credit Card	\$ _____
Workers Compensation	\$ _____	Bus Pass	\$ _____
Child Support	\$ _____	Other _____	\$ _____
Bank Savings	\$ _____	Other _____	\$ _____
Other _____	\$ _____		

Legal

Do you have a valid Minnesota driver's license?

Yes No If yes, provide DL # _____
If no, please explain _____

Do you have your own transportation? Yes No

Do you have automobile insurance coverage? Yes No

Have you ever been convicted for a DUI? Yes No

Have you ever been arrested or convicted of a felony? Yes No

If yes, explain _____

Are you currently on probation or parole? Yes No

If yes, who is your probation/parole officer at this time?

_____ Phone number _____

Veteran Yes No

Vietnam Era - 08/01/64 to 05/07/75

Gulf War

Iraq

other

If you are a veteran, note branch of service, type of discharge, period served and service number:

Public Assistance

SSI Aged

SSI Blind

SSI Disabled

TANF

General Assistance

Other Public Assistance

Social Security (SSDI)

Not an applicant

applicant - benefits allowed

applicant - benefits denied

application pending

benefits discontinued

The applicant has been provided the following information:

1. general overview of the VR process
2. program eligibility - when to expect a letter
3. services offered by vocational rehab
4. the vocational rehab process and informed choice
5. clients rights and responsibilities
6. confidentiality of information
7. how to appeal a decision or action of vocational rehabilitation
8. the Client Assistance Program

- The above topics have been explained to me at the time of orientation/intake for Red Lake Vocational Rehabilitation Services.

- By signing this application, I am requesting services from Red Lake Vocational Rehabilitation Services. The services are specifically to secure employment, I understand there is an expected employment outcome.

- I certify the information provided herein is correct.

- I understand Red Lake Vocational Rehabilitation Services 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.

- I understand the rights and responsibilities I have as an applicant/client of Red Lake Vocational Rehabilitation Services.

- I authorize the Red Lake Vocational Rehabilitation Services to release information to prospective employers for the purpose of assisting me in job placement. I understand that only the information necessary to assist me in securing employment will be released.

- This consent applies until such time my case is closed or I specifically withdraw this consent in writing.

Client/Representative Signature Date

RLDRS Program Representative Date

RLDRS Program Director Date

RED LAKE VOCATIONAL REHABILITATION

HEALTH QUESTIONNAIRE – Part I

Name : _____

Body Systems– are you now or have you ever received medical treatment for:

Functional Limitations– Is your activity or ability to work currently limited by:

	No	Yes	When		No	Yes
1. Ear(s)/Hearing Problem				21. Your Hearing		
2. Eye(s)/Vision Problem				22. Your Vision		
3. Mental/Emotional Problem				23. Your Ability to Learn/Read		
4. Nervous Problem				24. Your Ability to Speak		
5. Lung/Respiratory Problem				25. Problem Breathing/Coughing		
6. Heart/circulation Problem				26. Dizziness/Fainting		
7. Digestive Problem				27. Emotional Problems		
8. Kidney/Bladder Problem				28. Weakness (State Where)		
9. Legs/Feet/Arms/Hands				29. Numbness (State Where)		
10. Back Problem				30. Pain (State Where)		
11. Thyroid				31. Your Memory		
12. Diabetes				32. Your Ability to Concentrate		
13. Skin Problem				33. Spells of Unconsciousness		
14. High Blood Pressure				34. Seizures		
15. Joint Problem				35. Problem Balancing		
16. Arthritis/rheumatism				36. Problem Walking		
17. Suppressed Immune System				37. Problem Using Hands/Arms/Legs		
18. Mental Health (Specify)				38. Problem Lifting		
19. Alcohol Abuse				39. Problem Bending		
20. Drug Abuse (Specify)				40. Problem Standing		
				41. Problem Climbing		
				42. Problem Crawling		
				43. Problem Kneeling		
				44. Problem Sitting		
				45. Difficulty with Driving		
				46. Other (Specify)		

Comments: Explain any YES answers in the space below. Please indicate the specific item number to which you are referring, the specific problem(s)/area(s) affected, and, if undergoing treatment, the name and address of the provider, if other than listed in Section G on the reverse. Attach additional sheets if necessary.

RED LAKE VOCATIONAL REHABILITATION
HEALTH QUESTIONNAIRE – Part II

Additional Medical Data - If not applicable, indicate N/A

A. Indicate if you now or in the past have smoked, abused alcohol or used drugs (illegal or abused legal)
State specifics, including what, amounts, and when:

B. Do you have allergies? No Yes If yes, list: _____
Does this create an interference with your ability to work? No Yes
If yes, how?

C. Medications – List medicines you are now taking:

D. Do any of these medications interfere with your ability to work? No Yes If yes, explain:

E. Have you had any operations or broken bones? No Yes
If yes, provide specifics and dates:

Are there any other medical-related problems not listed that interfere with your ability to work?
 No Yes
If yes, please explain:

F. Current Examination - Have you had a physical/general medical examination in the past 12 months?
No Yes If yes, provide information in the following section

G. Family Physician, Doctors/Hospitals - where you have received medical treatment in the past 2 years:

Facility Name and Doctor Address Phone Date last seen Nature of treatment

Facility Name and Doctor Address Phone Date last seen Nature of treatment

(Attach additional sheets of paper if needed to provide necessary information)

This information is true and correct to the best of my knowledge. I approve the inclusion of this information (including any self-disclosure regarding the results of HIV serology testing or suppressed immune system) in my case file with the Red Lake Division of Rehabilitation Services.
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Applicant Signature

Date

**RED LAKE BAND OF CHIPPEWA INDIANS
RED LAKE VOCATIONAL REHABILITATION**

Phone: 218-679-2152/2162 Fax: 218-679-2175 E-MAIL: rldrs@paulbunyan.net

CONSENT TO RELEASE INFORMATION

CONSUMER NAME _____ SSN _____ DOB _____

Address: _____

Address of Agency Releasing Information:

Return information to the following address:
Red Lake Division of Rehabilitation Services
P O Box 265
Red Lake, Minnesota 56671

I, _____ authorize the above individual or organization to disclose to Red Lake Division of Rehabilitation Services any and all of the following information, as specified, which may be contained in my records. I understand this information will be used to determine eligibility for vocational rehabilitation services.

Medical: (please check all that apply) Admission/Discharge summaries
 Operative Report Physician's Orders
 Entire Records Histories & Physicals
 Medication Records Psychiatric Evaluation
 Consultation Reports Progress Notes
 Psychosocial Evaluation
 Mental Health Diagnosis & treatment to determine eligibility for vocational rehabilitation services

Education: (Please check all that apply)

Transcripts/Credits Grade Reports
 Academic Progress Report Other _____

Specific Authorizations

Drug/Alcohol: I understand that my records may contain information regarding diagnosis or treatment for drug or alcohol abuse. I give my specific authorization for these records to be released.

HIV/AIDS: I understand that my records may contain information regarding testing, diagnosis or treatment of HIV/AIDS or of sexually transmitted diseases. I give my specific authorization for these records to be released. I understand that I may cancel this authority at any time, except to the extent that action has already been taken. Unless cancelled earlier by me, this authorization will expire three hundred and sixty five (365) days from the signature date or upon the specific expiration date listed below.

Consumer's signature Signature date Expiration date

Signature of parent or legal guardian Signature date Expiration date