

Spirit Lake Vocational Rehabilitation Project

Application for Services

Name: _____ Date: _____

Mailing Address: _____ Physical _____

Email: _____

Date of Birth: _____ Social Security #: _____

Phone # _____ Cell # _____

Tribal Affil: _____ Enrollment #: _____

Spirit Lake District: _____

Describe Primary Disability: _____

Do you want to become competitively employed? Yes _____ No _____

Have you received Voc Rehab services in the past? Yes _____ No _____

If so, Where and When? _____

Have you served in the military? Yes _____ No _____

If so, What Branch? _____

Type of Discharge? _____

Is your disability service related? Yes _____ No _____

Do you receive benefits? Yes _____ No _____

Do you have a High School diploma or GED? Yes _____ No _____

If so, Where & When? _____

Do you have a College Degree? Yes _____ No _____

If so, Where & When? _____

Highest grade completed? _____

What is your current work status?

_____ Competitive Employment

_____ Homemaker

_____ Not Working-Student

_____ Self-Employed

_____ Not Working-Other

Where were you last employed?

<u>Company Name</u>	<u>Title</u>	<u>Salary</u>	<u>Begin/End Date of Job</u>
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1.

2.

3.

4.

Have you had a recent physical Yes _____ No _____

If Yes, Explain _____

Have you had recent specialist exam Yes _____ No _____

If Yes, Explain _____

Are you currently taking medications? Yes _____ No _____

If Yes, List Medications _____

History of Hospitalizations: _____

History of In-Patient Treatment in the last three years: _____

Names and Addresses of Doctor or Psychologists that can verify disability: _____

Any Prior counseling services received: _____

Past/current involvement with law enforcement of a significant nature? _____

How does your disability limit your employment? (Please give as much information as possible)

Are you currently working with any of the following agencies?

____ Workers Compensation

____ County Social Services

____ Lake Region Human Service Center

____ State Voc. Rehab.

____ Indian Health Service

____ Tribal Social Services

Other: _____

Are you currently receiving or have applied for any of the following?

- | | |
|-------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> State & Local Health Programs | <input type="checkbox"/> State & Local Mental Health |
| <input type="checkbox"/> Workers Comp. | <input type="checkbox"/> Individual Health Insurance |
| <input type="checkbox"/> Veteran's Administration Program | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> Student Loans | <input type="checkbox"/> VA Educational Programs |
| <input type="checkbox"/> State & Local Disabilities Program | <input type="checkbox"/> Tribal Higher Education |
| <input type="checkbox"/> Tribal Jobs Program | <input type="checkbox"/> TANF |
| <input type="checkbox"/> General Assistance | <input type="checkbox"/> SNAP/EBT |
| <input type="checkbox"/> Other | |

Please list any other individuals in the same household as you.

Name	Relationship to You	Age
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

How did you hear about these services? _____

What are your hobbies, interests and recreational pursuits? _____

What did you like about school? _____

What did you find difficult in school? _____

Are you currently involved with Native Healing or any type of Spirituality to be apart of your
rehabilitation plan? _____

What is Vocational Rehabilitation?

A person with a physical or mental disability which is determined to be a substantial impediment to employment may be eligible for vocational rehabilitation services if there is a reasonable expectation that they could benefit in terms of employability.

Eligibility for Vocational Rehabilitation services depends on the individual meeting the following criteria:

1. Individual must have a medically or psychologically diagnosed disability
2. Disability must result in a substantial handicap to employment.
3. There must be a reasonable expectation that the provision of Voc. Rehab. Services will lead to employment.
4. Must be an enrolled member of a federally recognized tribe.

I request services which will help me become employed. While working with the Spirit Lake Vocational Rehabilitation Project, I will keep my counselor informed about changes of address, training plans, employment opportunities or changes in my relationship with your VR counselor.

I authorize Spirit Lake Vocational Rehabilitation Project to gather and release information about me in order to determine my eligibility for services. I understand that information about me is provided voluntarily and if it is not provided, it may affect decisions about my eligibility and services. I also understand the information can be released upon my written request or if allowed by State and Federal Tribal Law. (Authority for collection and retention of information in the CRF 33.61.49)

I understand that if I apply for Social Security Disability benefits, Spirit Lake Vocational Rehabilitation will release information without written permission to assist them in determining eligibility for any provision of services. If I object to this release, such objection will be honored within the provision of law.

I understand that I cannot, on the grounds of race, color, religion, national origin, sex, political beliefs, age, or nature of handicap be discriminated against in any matter related to the receipt of any service, financial aid, or other benefit under the Spirit Lake Rehabilitation Project.

Client Assistance: The Client Assistance Program can be made available to you as a part of Vocational Rehabilitation services. The Client Assistance Services might be used by you should you have concern regarding your special needs that you feel should be considered.

I understand that if I am not satisfied with any determination by the office, I can request a hearing by contacting: Project Director, Spirit Lake Vocational Rehabilitation Project, PO Box 519, Ft. Totten, ND 58335.

The services of the Client Assistance Program have been explained to me and I have received contact information contained in the brochure.

Date: _____ Signature: _____

Spirit Lake Vocational Rehabilitation Project

Application for Services

Consumer Signature _____ Date: _____

Outreach Counselor Signature _____ Date: _____

Director Signature _____ Date: _____

Date Reviewed

Consumer Signature _____ Date: _____

Outreach Counselor Signature _____ Date: _____

Director Signature _____ Date: _____

Date Reviewed

Consumer Signature _____ Date: _____

Outreach Counselor Signature _____ Date: _____

Director Signature _____ Date: _____

Section 1: Disability

Consumer Name _____ SSN# _____

Primary Disability _____ Code _____

Secondary Disability _____ Code _____

Section 2: Impediments to Employment

Check all functional limitations below that result from disability or disabilities documented in Section 1 above and that represent a substantial impediment to employment.

Mobility

Unable to use public transportation due to disability. Unable to obtain drivers license due to disability without special adaptations or training. Can't travel alone in unfamiliar areas. Needs adaptive equipment for ambulation. Range of travel is severely limited. Requires periodic instruction to adjust to changing circumstances.

Work Tolerance

Unable to climb 12 steps to walk 100 yards on level surface without pausing. Cannot sit/stand for more than 3 hours. Cannot lift more than 20lbs repetitively. Cannot carry more than 10lbs for prolonged periods. Needs supported employment or facility based training and/or employment. Requires modifications, adaptive technology and/or accommodations not typically made for others in terms of capacity or endurance; e.g., extra rest periods, adjustments in starting and ending times, shorter work day or week. Requires accommodations or rehabilitation technology to develop work skills. Speed of performing simple tasks is significantly reduced. Serious limitation in the ability to follow and/or recall instructions or the appropriate task sequence. Requires more training and/or supervision than other trainees to obtain work skills.

Communication

Serious difficulty participating in conversation without speech-reading, sign language, or other visual cues. Difficulty engaging in telephone conversations even with amplification. Not readily understood by others on first contact. Difficulty interpreting emotional content of conversation. Difficulty processing non-human environmental cues. Other _____

Self-Care

Difficulty in managing a daily schedule. Cannot adjust to changes in daily routine. Difficulty handling money or check book. Places self at risk due to poor decision making, judgment. Significant impairment of motor function. Requires attendant care. Requires extra attention or monitoring to prevent accident or injury.

Interpersonal Skills

Social isolation, withdrawal, or rejection. Poor peer relationships. Fails to understand obvious social cue. Frequent grossly inappropriate behavior. History of antisocial behavior. Serious problems in interpreting and responding appropriately to the behavior and communication of others. Difficulty understanding acceptable levels and types of personal interaction appropriate to the work site. Frequent conflict with co-workers, supervisors and others.

Self-Direction

Easily distracted/short attention span. Impatient/Impulsive, poor task completion. Difficulty adjusting to new situations. Unaware of consequences of behavior. Difficulty working independently. Requires supervision on a frequent or ongoing basis to begin and carry through with goals and job tasks, to monitor own behavior or make decisions. Confused or disoriented and requires constant supervision. Difficulty shifting focus from one activity or task to the next.

Dexterity/ Coordination

Unable to button shirt, reset watch, etc. Loss of use of dominant hand. Significant impairment of motor function.

NOTE: In order to establish functional loss in any area, the individual must meet at least one of the criteria listed or demonstrate equivalent severity of loss. If necessary, briefly justify equivalent severity of loss in the comments portion.

Section 3: CERTIFICATE OF SEVERITY OF DISABILITY

Severe Disability determination: All of the following conditions must be present to determine a severe disability; check each that applies.

- One or more physical or mental disabilities are documented in Section 1; and
- One or more functional limitations which represent substantial impediments to employment are documented in Section 2; and
- Two or more vocational rehabilitation services are required; and
- An extended period of time in the rehabilitation plan is required (six months or more)

Most Severe Disability determination: The participant meets the criteria for severely disabled and in addition one of the following conditions must be present to meet the criteria for most-severely disabled:

- The participant requires long term follow along services following rehabilitation; or
- The participant experiences four or more functional limitations which represent substantial impediments to employment as documented in Section 2.

Eligible, but not Severe Disability: The participant experiences the following conditions to meet this criteria.

- One or more physical or mental disability are documented in Section 1; and
- One or more functional limitations which represent substantial impediments to employment are documented in Section 2.

I hereby certify that the participant named in this certification meets the criteria for;

Severely Disabled(SD) Most Severely Disabled(MSD) Eligible, Not Severely Disabled(ENSD)

Vocational Rehabilitation Counselor Signature_____

Date_____

Comments regarding medical management, functional limitations, or other information:
